University of Alberta

Case Studies in Hope and Helping Relationships: What is the Helper's Experience of Hope in Teaching, Coaching and Counselling?

by

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Abstract

This study used a collective case study approach to explore the experience of hope in a teacher, coach and counsellor. The focus was on understanding how helpers experience hope within the realm of their profession. Data were collected through the use of interviewing, journal writing and observations. Themes were analysed both within and between cases and were presented within the context of the current hope literature.

Findings support the notion that hope is intimately linked with helping, with believing that through helping people are making a difference in others' lives. Although various definitions of hope were offered, all participants agreed that hope is future-oriented. It is focused on believing in the possibilities of what tomorrow might bring. It is grounded in faith, and strengthened by overcoming adversity. It is lived out through actions and words. The role of helpers with respect to hope is to engender, protect and strengthen the hope of the people they help. All helpers acknowledged the important role that hope plays when working as a helping professional and primarily believed that hope is communicated verbally, through the use of words.

Implications, recommendations and considerations with respect to research and practice were provided.

The world is a better place

Because of those who refuse to believe

That they can't fly.

Author Unknown

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My parents, Pam and John, and my brother Gord are the foundation in which my hope is anchored. They have a way about them that has allowed me to forge my own path, to live my dreams wherever those dreams may have taken me, without ever doubting that I was supported by their unconditional love and belief in me. Hope is about believing in possibilities; through their guidance I have never questioned that anything I dared to dream was not possible. Completing this last stage in my doctoral program is a dream that has been a long time in the making. Thank you, Mom, Dad, and Gord for helping me to make this dream come true.

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CHAPTER 1

Introduction

I have had the opportunity to work as a teacher, coach and counsellor, and feel passionately about all three professions. I have actively and intentionally explored my personal beliefs about hope and I believe that hope plays an important role in being a teacher, coach and counsellor. In the section that addresses my personal beliefs and assumptions I go into further detail regarding these professions and my beliefs about hope. It is my passion for these professions and my connection to hope that guided this study and fuelled my interest for exploring how helpers might experience and understand hope in the context of being teachers, coaches and counsellors.

According to the literature hope has been described as being essential for human existence. Research has indicated that without hope we die, and that those of us who are more hopeful lead healthier, happier and more successful lives. Research has revealed that hope is lived in relationships; it is through relationships that hope is born, nurtured and strengthened, or damaged, weakened and destroyed. Hope has been explored within the realm of helping relationships; with certain researchers believing that "We can only speak of hope when the interaction exists between him (sic) who gives and him who receives, where there is that exchange which is the mark of all spiritual life" (Marcel, 1951, p. 50).

Teachers, coaches and counsellors represent three helping professions that the majority of Canadians interact with at some point in their lives. However, the research on hope and helping relationships barely touches on these professions, it primarily focuses

on hope and *healthcare* helping relationships. The questions that have been explored focus on how doctors and nurses impact the hope of their patients, and how this impact relates to outcome.

The present study attempted to expand the research on hope and helping by focusing on non-healthcare helping professions. The professions of teaching, coaching and counselling were explored. The focus was to better understand the experience of hope for teachers, coaches and counsellors in the context of their work as helpers. The guiding research question for this study was**: How do teachers, coaches and counsellors experience and understand hope in the context of their work as helpers?**

A collective case study approach was employed. One teacher, one coach and one counsellor participated. Three methods for collecting information were used: observation, journaling and interviews. Each case was first analysed individually and emerging themes were explored and interpreted in light of the current literature on hope and helping. Once the individual analyses were complete, the cases were explored collectively. The discussion relates to how their collective understanding and experiences of hope can inform the literature. Implications, recommendations and considerations for both research and practice were provided.

Personal Beliefs and Assumptions:

My Story

This study is structured in such a way that you will be introduced first to the teacher, then to the coach and finally to the counsellor. You will read the stories that they have shared which describe their experiences with their respective professions, their

understanding of hope and how they connect hope and helping. You will then be introduced to a discussion that explores how their individual stories can be used as a collective to inform the current literature on hope and helping.

I currently work as a counsellor and a coach and have experience as a teacher, which is why I have such an interest in these professions. Prior to sharing my participants' stories, I will share some parts of my story, which has brought me to this place where I am researching hope for teachers, coaches and counsellors.

Teaching, Coaching and Counselling

My occupational dream in childhood and adolescence was to become a teacher. I can recall playing teacher with my friends where I would have them write stories or do math homework and then I would correct them. I loved practicing the big letter C, just like my teacher would write it when an assignment was correct. I always admired my teachers and frequently caught myself daydreaming about what it would be like when I was a teacher. Up until college I had always envisioned myself as a high school teacher. Unfortunately, when I was in college I realised that in order to become a teacher I would be required to focus on a subject area during my training and I began to question whether teaching was the right profession for me. I did not have a passion to teach a specific subject, I had a passion to help people. I registered for an Introduction to Psychology course and everything suddenly fell into place. I experienced one of those rare "a-ha" moments and quickly realised that my path was headed in the direction of becoming a psychologist.

Since college all of my formal education and training has been focused on

becoming a psychologist. I am in the final stages of my doctoral program in counselling psychology and have a Masters of Education in the same field. My undergraduate degree was a Bachelor of Arts in honours psychology. As a result of multiple practicum placements and my doctoral internship I have work experience in a variety of counselling settings ranging from a high school guidance office, to a sexual assault centre, to a hospital psychology department. I currently work as a counsellor in a Faculty of Education at a large university in Western Canada.

The main "pull" that drew me into psychology was my desire to help people in meaningful ways. I wanted to make a positive difference in their lives. I felt that in order for my life to have meaning and purpose I needed to help others. In my young life as a counsellor I have experienced the personal satisfaction of what is it to make a difference for someone else. It is hard to describe what it feels like to have a woman who is struggling in her marital relationship look at me and say, "Thank you. You have no idea how much you have done." Or to have a parent tell me that it is because of me that her son whistles at the kitchen table again, and she can see the familiar smile return to his eyes. Or to have a woman with breast cancer simply ask that I sit and hold her hand as she shares with me her fears about dying.

My wanting to be a psychologist is a completely selfish act because I get so much more from the people who come to me than I could ever give in return.

Throughout the course of my doctoral program I have been blessed with the opportunity to teach. I was awarded a teaching assistantship and for three years this "assistantship" allowed me to be the primary instructor for an Introduction to Counselling

course. My childhood intuition that I would enjoy and be good at teaching was realised. My experience as a teacher has been one of the most formative experiences in my educational career. I was able to learn more about myself, my goals and my dreams than I could have imagined and my passion to teach has been re-ignited. I truly loved the experience of being a teacher and I hope that more teaching will be in my future.

Since childhood I have actively engaged in sports. I cannot remember a time when I have not been recovering from bumps, cuts, sprains, bruises and breaks that have resulted from some kind of physical activity. In high school I played whatever sport was in season. In college and university I played on the varsity basketball teams. Since graduating I have continued to play community league sports and I have also become a coach. I have one year's experience as a junior high school girls' basketball coach, four year's experience as a college women's basketball assistant coach and am currently in my third year as a college women's basketball head coach.

With respect to all of these helping professions, I believe that the helper's focus should be *first* related to process and *then* related to outcome. I believe that it is *how* I relate to my students, athletes and clients that matters most. There is no merit in winning a basketball championship if the process of getting there has destroyed my athletes' confidence. There is no value in having students earn 100% on an exam if they have been taught to believe that nothing less than perfect is acceptable, if their self-esteem is only related to their academic performance. There is no value in talking with clients about their thoughts and feelings if they don't truthfully believe that I care about them.

It is in the "getting there" that I think the real work is done. In facilitating the

process which hopefully leads to desired outcomes I believe that most of the energy has to be placed in establishing relationships that are based on mutual respect and trust. I believe that unless I have this kind of relationship with those whom I help I will have a very difficult time facilitating progress and growth. When students, athletes and clients don't think that I believe in them they have a hard time trusting the help that I want to give them.

These three professions, teaching, coaching and counselling are the helping professions that my study has focused on. In my future I hope that I will be able to negotiate a combination of all three of these professions so that I can continue to work with people in ways that I feel are personally meaningful.

Hope

My interest in hope was awakened when I took my doctoral level theories course. Unbeknownst to be at the time, my instructor was a leading researcher in the field of hope and the co-founder of the Hope Foundation of Alberta. For one of our in-class assignments we were given the opportunity to explore our personal understanding of hope, to reflect upon the role that hope had played in our lives and the role that it was playing in our pursuit of a career in psychology. This assignment planted the seed for what has become a strong interest, curiosity and passion for hope. My instructor became my dissertation supervisor and I began a journey of dialogue, reflection and reading that has brought me to this place where I am now researching hope.

My family has been the primary resource for my hope. It is in my family that my hope is grounded and because of my family that my hope has strong roots, which keep me

feeling stable and safe. It is also as a result of my family that my hope has strong wings, which allow me to fly. I was raised in a family that believed in everyone having an equal voice. My thoughts and ideas were always taken into consideration. I was raised to believe that I could do and become anything I dreamed possible, as long as I was willing to work for it. I always knew that my parents, brother and extended family were 100% in support of me, even when they disagreed with my decisions. I could trust that family was always a safe place; a place I could return if I ever strayed too far and got lost while I was in pursuit of my dreams.

During my doctoral program I had the opportunity to do a one-year internship. I secured a position as a psychologist intern in a Department of Psychology in a cancer hospital. This internship was an extremely powerful experience both developmentally as a psychologist, and personally with my hope. Although I have always believed that hope is connected to believing in possibilities, after having worked at the hospital I am now certain of it. Although cancer patients want to know what the *probabilities* are with respect to treatment of their disease, it is the *possibilities* that they cling to. If 95% of people are expected to die from a certain cancer, patients want to hear about the 5% who live. If traditional medicine has no cure, patients want to explore non-traditional healing practices. If a physician has exhausted all known treatment, patients do not want to hear, "There is no cure" they want to hear, "There is no cure that *I* know of", because this leaves open the possibility that a cure does exist, their physician just doesn't know it yet.

Working at the hospital taught me that hope is embedded in language. It is imperative that caregivers recognise the power in their language and that they are

intentional about not using language that damages and destroys hope. In order to do this, caregivers must reflect on their use of language and develop increased self-awareness about how they interact with patients.

Working at the hospital also taught me about the strength of the human spirit and our amazing capacity for resilience. It confirmed for me that most often all people need is a safe and supportive environment, a place where they feel people genuinely want to help them and can help them. When this is in place, people can do a lot of the work on their own.

Rationale for this Study

In reflecting upon my personal understanding of hope I realised what an integral part it plays in my life. When I explored the literature on hope I learned that it is considered to be integral to all human life. It is with us from birth to death. It has no understanding of boundaries that we call culture, race, religion, sex or age. It is essential for survival and is in partnership with qualities such as resilience, confidence, esteem and faith. The loss of hope has been equated with the loss of life itself and yet when I reflect upon my life I can truthfully say that until meeting my dissertation supervisor I had never been encouraged or instructed to learn about, think about or practice hope.

According to the literature, hope is essential for my existence (Hall, 1989; Jevne, 1991; Lynch, 1965; Vaillot, 1970). Research has shown that people with stronger hope do better in school, they are better at setting and meeting goals and they are more resilient and more successful at dealing with tragedy and loss. High "hopers" are also better able to fight illness and disease. In consideration of the identified benefits of having high hope,

I question why I have never been formally and intentionally mentored to develop strong hope?

As a helper, an over-riding goal that I have is to help people lead happy, healthy, successful lives. After my exploration into the literature on hope it is clear that one responsibility in my role as a helper should be to help people actively think about and strengthen their own hope, but how do I do this?

In my review of the literature I have learned that the healthcare community has done considerable research into the role that hope plays in illness. How hope is experienced in the face of life threatening illness and the role that it plays in fighting illness have been two of the most common research questions explored. From this research I have learned that hope is a powerful tool for fighting illness. The more hope a patient has, the stronger their hope is, the better chance they have of fighting illness. From these findings a third question has been explored in the literature: What can healthcare professionals do to strengthen, maintain and instil hope in patients? This research has lead to the creation of guidelines and suggestions that healthcare professionals can incorporate into their practice in order to address the issue of hope.

Because *my* passion, expertise and interest lie in working with students, athletes and clients my question deals more with understanding how teachers, coaches and counsellors can positively impact the hope of the people that they help. The literature in these areas is quite sparse. I had a difficult time finding studies that had investigated my question. Could I assume that the answers that I had found in the healthcare literature held true for non-healthcare helping professions? Although my intuition told me that most of

what was already known about hope and helping was transferable to non-healthcare helping professions I was interested in knowing if there was something specific and/or unique about hope and these other helping relationships. I was also interested in expanding the current knowledge about hope and helping to include these three other helping professions that existed outside of the healthcare community.

At this point it would seem reasonable to assume that my research question would have been: How do teachers, coaches and counsellors strengthen, maintain and instil hope in their students, athletes and clients?

But it was not.

The research question that guided this study was: **How do teachers, coaches and counsellors experience and understand hope in the context of their work as helpers?** The reason that I chose to focus on the *helper's* experience of hope is based upon what I found in my review of the literature on hope.

I learned that hope is lived in relationships. Whether it is relationships with self, others, nature, animals or God hope is most actively experienced through relationships. In human relationships, hope is most actively experienced when one person is helping another. There is something specific about the act of giving and receiving help that has the potential to build and strengthen, or damage and destroy hope.

Research has also indicated that hope can be reciprocal and contagious. Without doing anything else the simple act of having hope and being hopeful can cause those around me to feel hopeful and vice versa. It was this piece of information that caused me to want to focus on the *helper's* experience of hope. If hope is essential for life, if people

with higher hope lead more happy, healthy and successful lives, if hope is most actively experienced in helping relationships and if helpers can positively affect the hope in those whom they work with simply by having hope themselves, I think that more research needs to focus on the hope of helpers. I believe that more attention ought to be paid to ensure that helpers know the importance of hope, both for themselves and the people whom they help. This study focused on better understanding the experience of hope for teachers, coaches and counsellors.

CHAPTER 2

Review of the Literature

This literature review begins by presenting characteristics that have been used to define hope, followed by various models of hope. It concludes with research that has explored hope and helping relationships in general, as well as hope and helping relationships specific to teaching, coaching and counselling.

Defining Hope

Multiple attempts at creating a definition of hope exist and although there are many characteristics of hope that flow through these different definitions, there is yet to be a well accepted, unified agreement as to *the* definition of hope (Eliott & Olver, 2002). Farran, Herth and Popovich (1995) reflect upon the multiple uses of the word hope in the sense that it can be used as a noun (there is hope), verb (I am hoping) or adjective (I am hopeful). Eliott and Olver (2002) add the use of hope as an adverb (hopefully). The Canadian Dictionary of the English Language (1998) defines hope as, "To wish for something with expectation of its fulfillment" which, when compared to the literature on hope, seems to be too simplistic a definition. In reflecting upon the multiple usages of the word hope, Eliott and Olver suggest that it cannot be defined as an entity to be operationalized. Because it can be used in multiple different ways and hold multiple different meanings, they state that an absolute unanimity of interpretation is not a realistic goal. Instead of attempting to create one definition of hope, the focus should be placed on understanding the specific meaning of hope, for specific people during specific times in their lives (Eliott & Olver, 2002). According to Eliott and Olver we cannot assume a

shared definition or enduring meaning of the word hope because of its chameleon-like nature. People can state that there is no hope and yet remain hopeful. Eliott and Olver suggest a taxonomy of hope combining a range of meanings rather than a definition of hope.

After my exploration into the hope literature I am in agreement with Eliott and Olver (2002) that there is not one well-accepted definition of hope and so I will present characteristics of hope that I have found to be agreed upon by many of the hope researchers.

Hope is an essential human condition.

Hope is seen to be a salient quality of being human (Benzein, Saveman & Norberg, 2000; Farran et al., 1995; Fromm, 1968; Lamm, 1995; Moltmann, 1975). According to Lynch (1965), "...hope comes close to being the very heart and centre of a human being" (p.31). Many researchers have equated hope with life and the absence of hope with death (Benzein et al., 2000; Hall, 1989; Lamm, 1995; Vaillot, 1970). Jevne (1991) indicates that without hope there is nothing that medicine or care-givers can do to restore health. In Hall's (1989) exploration into the concept of hope, using clinical, empirical and subjective data, she concluded that life is hope and that the quality of life depends on hope. After a thorough review of the literature, and her findings from interviews with 11 men who were in stage 2 HIV disease, she learned that:

> an understanding of hope is limited because it is so integral to humanness that it is difficult to describe in words. It is like a fish trying to understand the meaning of water. Water might be the last thing the fish would be concerned about until it is

taken out of it. Hope is so vital to life that its loss is equated with the loss of life itself (p. 179).

Hope both strengthens and is strengthened by meaning and purpose in life.

Hope both provides a sense of meaning and purpose in life and is strengthened by meaning and purpose. Having something to live for, feeling as though our existence matters is hope engendering, at the same time the existence of hope helps us to believe that there is a purpose and meaning to our existence (Benzein, 2001; Benzein et al., 2000; Carson, Soeken, Shanty & Terry, 1990; Herth, 2003; Lamm, 1995; Mickley, Soeken & Belcher, 1992; Nunn, 1996; Owen, 1989).

Hope needs help.

Hope is a shared experience. It is difficult to hope alone. It is a reciprocal, interactional process. Personal hope can be strengthened or weakened by the hope of others (Benzein et al. 2000; Cutcliffe, 1995; Herth, 1993; Jevne, 1991, 1993; Lynch, 1965; Marcel, 1951; Miller, 1985; Perakyla, 1991; Vaillot, 1970). Hope is given and received through human relationships (Jevne, 1991). A fundamental way in which people give and receive hope is by showing that they care which is often expressed through helping (Cutcliffe, 1995, 1996; Jevne, 1993). In Cutcliffe's (1995) examination of how nurses inspire and instil hope in terminally ill HIV patients, he determined that "Help and hope are interwoven concepts" (p.889). Hope cannot sustain its existence alone it needs help. When we help others we cannot separate out the fact that we care and when we care we want to help. It is hard to conceive of one without the other (Cutcliffe, 1996).

Hope can mean spirit.

Hope is also strengthened and sustained through spirituality and frequently via a relationship with a higher being (Benzein, et al. 2000; Carson, et al. 1990; Herth, 1989, 1993; Miller, 1985). Having a spiritual faith allows people to transcend current life situations, to derive meaning and purpose out of otherwise deflating and despairing life events, to have hope. In their book, "Hope and hopelessness: Critical, clinical constructs" Farran, Herth and Popovich (1995) established that hope has four attributes, the second of which is spiritual. They call this attribute the "soul of hope" and state that hope and faith cannot be separated. Hope has no base without faith, and faith cannot be sustained without hope. For many people this soul of hope is grounded in a sense of the spiritual.

Hope is a positive motivational state.

The experience of hope has been described as being emotionally positive, dynamic and multifaceted in nature, giving and taking energy, with a strong motivational quality that facilitates action and allows people to survive against remarkable odds (Cutcliffe, 1996; Dufault & Martocchio, 1985; Halpin, 2001; Herth, 1989, 1993; Jevne, 1993; Lynch, 1965; Owen, 1989; Snyder, 2000; Staats & Partlo, 1993).

Hope is a "subjective" human experience.

The literature sometimes differentiates hope into *realistic* and *unrealistic* hope, which implies a certain degree of objectivity and yet many researchers have described hope as being a subjective experience with the capacity for hope differing across people (Dufault & Martocchio, 1985; Eliott & Olver, 2002; Jevne, 1993; Lynch, 1965; Nunn, 1996; Staats & Partlo, 1993; Stotland, 1969). What is congruent within and between the

various discussions regarding hope, is the acknowledgement that a person's reality is subjectively experienced; therefore hope can be realistic in the eyes of the hoper and unrealistic to others around them. Because of the subjective nature of hope, people can maintain hope against remarkable odds, (Eliott & Olver, 2002; Jevne, 1993).

Hope is not based on probabilities, it focuses on *possibilities* and because no-one can predict what may or may not be possible with 100% certainty people can remain hopeful, even when the probability of their hope being realised is quite low (Jevne, 1993; Marcel, 1951). "...hope is, in its most general terms, a sense of *the possible*, that what we really need is possible" (Lynch, 1974, p.32). As a result of their interviews with 23 oncology outpatients, Eliott & Olver (2002) learned that, with respect to medical situations, because stories exist where patients have lived past medical expectations other patients can use these stories to strengthen and maintain their own hope despite pessimistic medical opinion. According to Stotland (1969) because hope refers to the future, and the future is not yet a reality, it is impossible for hope to be reality-based, "It is impossible to be realistic about a non-reality. Hope is a subjective state that can strongly influence the realities-to-come; prophecies are often self-fulfilling" (p.151).

Hope looks towards the future.

It seems as though one overriding feature that does cut across most theories and definitions of hope is the belief that hope is future-oriented (Benzein et al. 2000; Cutcliffe, 1996; Dufault & Martocchio, 1985; Eliott & Olver, 2002; Erikson, 1997; Farran et al. 1995; Hall, 1989; Halpin, 2001; Herth, 1989, 1993; Jevne, 1993; Lamm, 1995; Lynch 1965; Nunn, 1996; Owen, 1989; Perakyla, 1991; Snyder, 2000; Staats &

Partlo, 1993; Stotland, 1969; Vaillot, 1970).

In Hall's (1989) exploration into the struggle of diagnosed terminally ill people to maintain hope, she began to realize that, "...people who are diagnosed as having a potentially terminal illness, no matter how serious it is, want to live until they die, and a large part of living is having a future orientation. In our culture the present and the future are so inter-related that if one dies so does the other" (p.182). She discovered that those patients who had hope believed in a personal future despite their illness (Hall, 1989).

Jevne (1993) describes hope as always being set in the context of time, "It draws on the past, is experienced in the present and is aimed at the future" (p.123).

Marcel (1951) describes hope as, "a memory of the future" (p.53).

Erikson (1997) states that, "Hope is, so to speak, pure future" (p.79).

Lynch (1965) envisions hope as refusing to stop imagining. Hope is, "...an arduous search for a future good of some kind" (p.23). He states that we cannot move into the future without hope. Everything we do in life is facilitated by hope; the hope that what we are doing will get us somewhere, even if we know not where that might be (Lynch, 1965).

Having hope aimed at the future implies an object or target that we are hoping for. These targets can be, "...concrete or abstract, explicit or implied, serious or trivial" (Jevne, 1993, p.123). In essence hoping requires a goal, something that we hope for. Snyder is one of the most published researchers who discusses hope in terms of goals and the probability of goal attainment. In 2003 Snyder examined more than a decade of hope theory, and defined hope in terms of a person's perceptions regarding their capacity to: 1)

create goals, 2) create pathways to achieving these goals, and 3) motivate themselves to follow the pathways to goal attainment.

Hope is resilient.

Although hope is believed to be with us from birth to death, frequently hope is most visible in times of crises. According to Marcel (1951), "there can be no hope except when the temptation to despair exists" (p.36). Lynch (1975) concurs that:

> for many people hope really means despair…when we say that a man has hope, we mean that he is in serious trouble. When we say that someone has hope, we usually imply that he has nothing else, and that he is close to despair (p.22).

Jevne (1991) explains that hope is usually found in life situations that involve a certain degree of captivity or uncertainty. Snyder (2000) states that goals that are 100% certain don't require hope, it is only when we doubt our ability to achieve a desired goal that hope enters the equation.

When people are facing difficult life situations hope enables them to believe that they can make it through. Even in the face of doubt, uncertainty and fear, hope can be maintained (Cutcliffe, 1996; Jevne, 1993; Koopmeiners, Post-White, Gutknecht, Ceronsky, Nickelson, Drew, Mackey & Kreitzer, 1997). In Herth's (1993) study that explored the meaning of hope for 60 older adults, she found that hope could propel people into action but also support people in situations where no action was needed. Hope was described as "an inner power that facilitates the transcendence of the present situation and enables a reality based expectation of a brighter tomorrow for self and/or others" (Herth, 1993, p. 146). It is a salient quality of a survivor attitude and allows people to use

crises as an opportunity for growth (Miller, 1985). Staats & Partlo (1993), in their report on hope in peace and war, found that the more people experience deprivation or threat, the more they need hope and the stronger their hope is.

Hope is vulnerable yet resilient (Eliott & Olver, 2002). Hope is not dependant on health; people can maintain hope in the face of serious illness (Benzein, 2001; Cutcliffe, 1996; Hall, 1989; Herth, 1993). Hope can be damaged with words and actions and yet in spite of overwhelming odds, it can survive and even thrive. "Hope is most rightly thought of as still there when everything else has gone" (Lynch, 1965, p.31).

Models of Hope

Erikson.

Erikson (1997) established an eight-stage life cycle theory of development ranging from infancy to old age, through which all humans progress. At each stage humans are faced with a psychological crisis. From successful resolution of these crises come the basic human virtues ranging from hope to wisdom (Erikson, 1964). The stages are sequential and each requires the other. You cannot move from stage one to stage five without successful resolution of stages two through four (Erikson, 1964, 1997). The stages are building blocks in human psychological development.

According to Erikson (1964, 1997) hope, the earliest and most indispensable virtue in being alive, is established in stage one: infancy. Others have called this basic virtue confidence or trust, but Erikson (1964) states that, "…if life is to be sustained hope must remain, even where confidence is wounded, trust impaired" (p.115). The psychological crisis that hope emerges from is that between trust and mistrust. For hope

to develop and grow infants need a trustworthy maternal presence in their lives that will respond to their needs with warmth and caring (Erikson, 1964).

From trust comes hope and from hope, faith; a belief in our ability to make what we wish for come true (Erikson, 1997). Hope relates to future, it is an expectant desire and a belief that what we wish for is attainable (Erikson, 1964, 1997).

Each stage of development is dependant upon and influenced by those that came before. Infancy is the first stage and hope is the first virtue that is developed. Hope is, therefore, the foundation of all that is human.

Hutschnecker.

Arnold A. Hutschnecker can recall the exact moment when he experienced the full meaning of hope for the first time. He was a soldier fighting in the First World War. One night, deep in sleep, he was awakened by the sound of machine-gun fire. His unit had come under attack from an unknown enemy. Without warning his unit was captured and within minutes he found himself standing in line with the remainder of his unit facing a firing squad. They were to be executed. He recalls thinking, "I can't die, I won't die, I am too young to die". His voice of reason told him that there was no chance for escape. His voice of hope told him that a miracle was possible, that something would occur to change their fate.

A miracle did happen. A new order came through, one that signalled a command to stop the execution. Soon after, their captors took hasty flight, and he and his troop were left to find their way to safety. His unit wanted to head towards the nearest city, but Hutschnecker's instinct told him that the city would be a trap, and so he headed off on his

own by foot. His unit eventually agreed and followed him and they did make it to safety. Hutschnecker's memory of that time reminds him of the uplifting power of hope, even in the face of despair, and instilled the awareness that it is the power of hope that sparks the human spirit into taking action.

Hutschnecker went on to become a physician and as a result of his experiences with his patients, he developed a theory on hope. According to Hutschnecker (1981) there are three kinds of people, those who have *active hope*, those who have *passive hope* and those who have *no hope* at all. Active hope energizes people into making something happen. It is a source of reassurance and inspiration encouraging people to believe that they have the inner resources required to accomplish their goals. Active hope triggers the human will into action. It produces the optimist and is essential for happy living. Active hope:

> plays a fundamental role in all human relationships....in every successful human interaction, be it adult to adult or child to adult, active hope plays a dominant role because it reassures us that things will work out, that we will win, or whatever the action we may wish to take will contribute to our survival or betterment of life (Hutschnecker, 1981, p.16-17).

Active hope is the combination of dreams and action. It is knowing what we want and believing that we have the internal resources to turn what we want into reality. Passive hope is antilife (Hutschnecker, 1981). People with passive hope have dreams but they lack any action that could lead to making their dreams come true. These people often do not believe in their ability to change their lives nor do they have an understanding of

how they would go about making changes. People with passive hope live life envious of those with active hope, wishing that things would be different but never taking responsibility for making them different. They, "…suffer, although many know what they should do, they cannot rouse themselves to act. They are frozen. They put off a decision, or, sadly, settle for much less than they could accomplish" (Hutschnecker, 1981, p. 38). Passive hope creates an evasive, laissez-faire attitude in people. When people with passive hope are faced with decisions or required to take action they experience heightened anxiety and often resort to procrastination so that they can stall for time. "…they lack the confidence to cope successfully with stress, they can't build self-esteem and, for the most part, have little or no self-worth." (Hutschnecker, 1981, p. 32).

The third group of people, those who live life with no hope, see no purpose in life. They are cynical, nihilistic and parasitic (Hutschnecker, 1981).

Stotland.

Stotland (1969) was one of the first to develop a theory of hope in terms of goals and probability of goal attainment. According to Stotland (1969) hope is the *expectation* of goal attainment. He explains that the motivation to achieve a goal is influenced by the probability of achievement combined with the perceived importance of the goal. If people believe that they can achieve a goal and if the goal is important to them, the likelihood that they will do something to reach their goal is high. Stotland's hope *equation* can be defined as:

Motivation = probability + importance

When motivation is high, hope is high and vice versa. When motivation is high, people

take action; they think more about how to achieve their goal and they do more in order to achieve their goal. If hope exists, people will continue to act, making hope a pre-requisite for action (Stotland, 1969).

When probability and importance are both high, people feel good. When probability is low and importance is high people experience anxiety. However, increased anxiety also leads to increased motivation because people are motivated to escape and avoid anxiety. Doing something helps to alleviate anxiety (Stotland, 1969).

Stotland (1969) breaks goals into both long-range and short-range goals. When the probability of long-range goal attainment is low, people develop short-range goals or sub-goals as a way of creating manageable steps to their long-range goal. As the probability of achieving short-range goals is higher, people can experience more hope and are more motivated to take action to achieve these goals.

Snyder.

Snyder (2000, 2003) grounds himself in the work of Stotland and furthers the theory on hope and probability of goal attainment. Snyder (2000) agrees that hope is the positive expectation for goal attainment, making hope *goal-directed thinking*. Snyder agrees that a goal needs to have a high degree of importance and likelihood of attainment for people to maintain focused attention and action towards the goal. Snyder adds that if the probability of goal attainment is very high or a certainty, hope is not a necessity and does not play a role in goal attainment. When we are 100% certain that we will achieve a goal, we do not have to hope about it. For someone to hope, goals require a certain degree of uncertainty (Snyder, 2003).

Snyder (2000) breaks hope (goal-directed thinking) into two components: 1) pathways and 2) agency. Pathways are the routes that people develop to lead them to achieving their goals. Agency is the motivation, the belief that a person has in themselves that they are capable of moving along the pathways and achieving their goals. Pathways and agency work together to maintain hope. For hope to be high, people need to have clearly established routes to their goals *and* believe in themselves, if either of these two components is low or missing, hope will suffer.

Snyder (2000, 2003) explains that high-hope people not only develop clear pathways to their goals, but they also develop multiple pathways. With multiple pathways in place, if a high-hope person meets a blockage to one of their paths, they are able to move to a different path and continue towards their goal. When high-hope people meet blockages they believe that the blockage is not related to their lack of talent but simply because the chosen path to that specific goal did not work, and they choose another path.

Snyder (2000) has a developmental component to his theory. He believes that hope is learned and is first established in the infant to toddler stage. Adult care-givers can impart hopeful thinking in children and can role model hopeful thought. When relationships between children and care-givers provide a deep sense of security and allow children to develop strong bonds with care-givers hope flourishes. Snyder (2000) describes high-hope children as social creatures. Their ability to seek out and connect with other children comes from their strong attachments to their care-givers. These high-hope children turn into adolescents and adults who believe in themselves, who have internal dialogues that say, "I can", "I'll make it", "I won't give up".

Godfrey.

Hope is understood as having both state and trait qualities. At certain points in time we can have more or less hope for something (state), yet overall we tend to embody a general experience of hope, of being hopeful (trait). Godfrey (1987) defines state and trait hope as, *ultimate* and *fundamental* hope. Ultimate hope can be understood as *aimed* hope. Ultimate hope reflects that which we hope for, and is related to goals and concrete, defined outcomes. As our goals change so does our hope. The more valued and cherished the goal, the stronger our hope. Fundamental hope is a more profound, all-encompassing experience of hope. It reflects a level of hopefulness that a person embodies. Fundamental hope is not aimed at an objective, concrete goal. It is a basic disposition with which one faces the future. Although it can fluctuate, fundamental hope tends to be a more stable level of hope that a person experiences throughout the course of their lives. Ultimate hope can be understood as *hope as doing*, what I hope for. Whereas fundamental hope can be understood as *hope as being*, I am hopeful person.

Dufault & Martocchio.

Based upon clinical data collected over a 2-year period of time, which explored how 35 elderly cancer patients described hope, Dufault and Martocchio (1985) were able to dichotomize hope into two categories which they called *spheres*. Their two spheres of hope are separated into *particular* and *general*. Particular hope is similar to Godfrey's ultimate hope, where particular hope is focused on a valued object. Particular hope clarifies, prioritizes and affirms what is perceived as being most important in life. Particularized hope is an incentive for constructive coping and provides an object to

which energy can be projected. General hope is comparable to Godfrey's ultimate hope. It is broader in its scope and is not linked to any particular object. Generalized hope protects against despair, and preserves the meaningfulness of life. It is an overall motivation to carry on with life.

Dufault and Martocchio's (1985) spheres of hope contain six overlapping but distinct dimensions which, when taken together, provide a gestalt of hope. The six dimensions are: **1) affective**, the sensations and emotions that are part of the hoping process; **2) cognitive**, the thought processes related to hope (hope is always reality-based from the perspective of the hoping person); **3) behavioural**, the psychological, physical, social and religious actions that are part of the hoping process; **4) affiliative**, the sense of relatedness or involvement beyond self that relates to hope (relationships include relationships with other people both living and dead, relationships with God and relationships with other creatures); **5) temporal**, the experience of the past, present and future at it relates to hopes and the hoping process (although hope is directed towards a future good, the past and the present always play a role in the process of hoping); and **6) contextual**, hope is grounded in a person's life context.

Farran, Herth & Popovich.

Farran, Herth and Popovich (1995) believe that hope constitutes an essential experience involved in being human. According to them, hope has four attributes: 1) experiential, 2) spiritual, 3) rational, and 4) relational. The **experiential** attribute is what they call the pain of hope. They explain that in order to truly understand and experience hope, you need to experience despair. This attribute accepts that life involves struggle but

believes in and focuses on possibilities. The **spiritual** attribute is what they call the soul of hope. They state that hope and faith cannot be separated. Hope has no base without faith, and faith cannot be sustained without hope. For many people this soul of hope is grounded in a sense of the spiritual.

The **rational** attribute is called the mind of hope. This attribute is defined by the acronym GRACT. G stands for goals, which are always realistic and possible from the hoping person's perspective. R stands for resources, which encompass the physical, emotional and social. A stands for active process; hoping people are active participants in the hoping process. C stands for control; hopeful people have the subjective experience of being in control, when this sense of control is damaged or lost people experience hopelessness. T stands for time; hope is a learned process based on the past, present and future. The **relational** attribute is called the heart of hope. It signifies the interactional component of hope. Hope is something that occurs between people and is inspired by love. Hope is reciprocal and relational.

Whether understood as encompassing two distinct spheres, or as one singular construct, it is agreed that hope is a multidimensional, dynamic life force, essential for human life. It is future oriented and focuses on preserving and restoring meaning to life. It is intimately linked with faith and frequently grounded in a sense of spirituality. An important attribute of hope is that, that which is hoped for is seen as possible and realistic in the eyes of the *hoper*. Hope is experienced in relation to others and is influenced by those who we engage in relationships with (Buehler, 1975; Dufault, & Martocchio, 1985; Foote, Piazza, Holcombe, Paul, & Daffin, 1990; Hall, 1989; McGee, 1984; Mickley et al.

1992; Nowotny, 1989).

Hope and Helping Relationships

There is a common thread that runs through much of the hope research that states that hope is lived in relationships; it is difficult to hope alone. Whether these relationships be with other people, pets or a transcendent spiritual relationship, the belief exists that hope is frequently experienced in relation to another (Benzein, 2001; Buehler, 1975; Farran et al.1995; Herth, 1993; Jevne, 1991, 1993; Lynch, 1965; Vaillot, 1970).

Hope is more easily experienced in relationships that have a caring component. When people feel cared for or when they care for others, hope flourishes (Cutcliffe, 1995, 1996; Hinds, 1988; Jevne, 1991;). "It is impossible to speak of hope without speaking of caring" (Jevne, 1991, p. 164). Research that has explored ways of enhancing hope specifically address the importance of demonstrating and communicating care (Cutcliffe, 1995; Jevne, 1991, 1993; Koopmeiners, et. al., 1997). In his exploration of critically ill patients' perspectives of hope, Cutcliffe (1996) found that when nurses demonstrated that they cared for patients as well as about them, they helped to inspire hope. One of his interviewees summed up the experience by saying, "To understand and feel that somebody cares about me is medicine in itself" (p.688).

Herth (1993) concurs that the establishment of reciprocal caring relationships is central to the installation pf hope. People need to feel a sense of interconnectedness, of being in a real relationship. Herth (1993) addressed a key component of caring relationships, they need to be reciprocal. People need to feel that they give as well as receive, that they are participants in the caring relationship (Buehler, 1975; Cutcliffe,

1995; Herth, 1993). Another idea that is raised by the reciprocity of relationships is the idea that hope is contagious. One person's level of hope can influence another's; we can catch hope. During Buehler's (1975) exploration of hope in patients with cancer, in which she interviewed 24 patients receiving radiation therapy, she learned that hope has a contagious component. In one nurse's description of her experience with hope and patients she explained that "If they're hopeful it keeps us hopeful and vice versa" (p.1356). In Landeen et al's. (1996) exploration of staff hopefulness in working with patients with schizophrenia, they discovered that hope and hopelessness were experienced as equally contagious. Vaillot (1970) explains that in its essence, hope is the ability to draw on the strength of another, to be supported by their hope for me.

Relationships that inherently include a caring component are helping relationships. Helping relationships that are most frequently explored tend to be helping relationships in health-care communities. Lynch (1965) explained that hope is relative to the idea of help. Hope depends on help, it seeks out help, it looks to the outside world for help, "Hope is related to help in such a way that you cannot talk about one without talking of the other. Hope is truly on the inside of us, but hope is an interior sense that there is help on the outside of us" (Lynch, 1965, p. 40). Jevne (1993) explains that once a care-giver has become involved in a patient's illness experience they become important to that patient. The patient *will* look to the care-giver for hope.

Helping relationships have the same reciprocal nature and need embedded in them as do all other caring relationships. Patients need to feel as though they are active participants in their treatment rather than passive participants who are having treatment

done unto them. When care-givers facilitate relationships with patients that feel like partnerships with participation from both parties, patients' hope is strengthened (Benzein, 2001; Buehler, 1975; Cutcliffe, 1995; Jevne, 1991, 1993). In Jevne's (1991) book "It all begins with hope" she explored how patients, caregivers and the bereaved understand and experience hope. From their first-person accounts she was able to learn that it is more hopeful for patients to experience their caregivers as partners, rather than experts:

> It is important to remember that patients have not become children who can no longer think for themselves because they are ill. They may need your help but short of comas, they seldom need you to run their lives. To be a partner means conveying respect for the patient, seeing the patient as capable in all but unusual circumstances of having the capacity to make decisions about his/her own body and life (Jevne, 1991, p.160).

A fundamental way in which care-givers influence patient hope is through their methods of communication. Both verbal and non-verbal ways of communicating can influence hope, but most frequently it is through verbal language that hope is most deeply touched; what care-givers *say* strongly influences hope (Cutcliffe, 1996; Hall, 1989; Jevne, 1993; Koopmeiners, et al.1997; Perakyla, 1991; Stotland, 1969). Perakyla (1991) names the construction of hope as *hope work* and states that, "...conversation is the most important tool in hope work" (p.417). Perakyla indicates that hope work is an essential part of being a care-giver. It is a skill equal to all other professional care-giving skills. The struggle with hope work relying on conversation is that many people are unaware of the impact of their spoken word. Care-givers make the mistake of thinking that they are

simply relating facts to patients, when what they are often doing is impacting their hope. Recognising the power of words to impact hope requires that care-givers become more self-aware and reflective in their use of language (Perakyla, 1991).

Although language is central to the installation and maintenance of hope additional suggestions for ways to enhance hope include: 1) emphasize that loss of control is temporary, 2) radiate hope, 3) help people devise and revise goals, 4) make a difference – do something positive, 5) be *present* – take the time to listen and talk, 6) give information with respect and honesty, 7) be thoughtful, 8) sustain your own hope, 9) demonstrate genuine caring, 10) incorporate religion, 11) emphasize potential not limitations, 12) do not ever name hope as inappropriate or unrealistic (Cutcliffe, 1995; Hall, 1989; Hickey, 1986; Jevne, 1993; Koopmeiners, et al. 1997; Landeen, et al. 1996; Miller, 1985).

Hope and Teaching, Coaching and Counselling

In Eliott's (2004) extensive look into the history of hope, she contends that the vast majority of the research that has explored hope has been conducted within the field of medicine "Medicine has established dominion over hope" (Eliott, 2004). Although some research has attempted to explore hope within helping relationships outside of the medical professions, very little has specifically explored how the *teacher*, *coach* and/or *counsellor* might experience hope, hence the rationale for this study. Although limited, the following section is a brief exploration into hope in teaching, coaching and counselling.

Hope and teaching.

Halpin (2001) in his exploration of hope and education bluntly stated that hope is a "neglected concept in educational management studies and in the study of education generally" (p.105). Although he acknowledges that pessimism and cynicism are not as widespread as some may like to believe, neither are optimism and hope. The absence of optimism and hope in education and the neglect to attempt to remedy this absence are central to his research (Halpin, 2001).

For Halpin (2001) being hopeful, "...refers to an optimistic character trait and disposition that entails making the most out of the present circumstances in order to realise a better future" (p.107). For teachers this means acting purposively and positively in the present in order to effect a positive change in students, specifically growth in their knowledge and understanding. Halpin suggests that teachers accomplish this on a day-to-day basis, one lesson at a time, one student at a time. Engendering and strengthening the hope of students is a process, "...an optimistic project concerned with bringing about improvement" (p.110). Halpin argues that teachers need to do two things: 1) they need to recover and nurture their own hope, and 2) they need to support a hopeful disposition in their students. "Indeed, because hopefulness is such a key feature of the organisational logic or 'grammar' of the educational process, its denial or frustration is profoundly counter-educational" (Halpin, 2001, p.110).

Halpin (2001) emphasizes that because so much of life is faced with uncertainty and hope allows people to face uncertainty, teachers need to be responsible for fostering hope among their students and colleagues, "...to teach how to live without certainty and

yet without being paralysed by hesitation is perhaps the chief thing that a good education offers…" (Halpin, 2001, p.112). The underlying question continues to be: How can we foster hope in educational settings? According to Halpin we start with the teachers themselves. He suggests the following ideas for fostering hope in teachers: 1) increased support from administration – protecting teachers from work demands that are not central to being a teacher; 2) finding ways of re-motivating teachers; 3) principals providing positive feedback and direct recognition for the efforts and talents of teachers; 4) hiring teachers whose educational philosophies are compatible with the school's philosophies; 5) happy employees are better workers – creating occupational cultures that are 'worker friendly"; and finally 6) developing a shared vision within school communities.

Halpin (2001) acknowledges that fostering hope amongst teachers is as much about them being positive about their work as it is about having other people create better working environments for them, but suggests that in order to begin the process there must be an underlying sense of hopefulness about education as a whole.

Hope and coaching.

This review of the literature did not uncover any research that specifically explored how a coach might experience hope. It did uncover articles that addressed concepts that are highly compatible with what is found in the hope literature, without specifically naming hope, as well as, some research that has explored athlete hope.

Numerous articles addressed the importance of positive, supportive coach-athlete relationships and the hope literature indicates that hope is lived in these types of relationships (Barker, 2002; Evans, 1995; Kenow & Williams, 1999; Neely, 1992;

Patriksson & Eriksson, 1990). Barker (2002) specifically states that, "Coaches who invest time in cultivating trust and a secure bond with their players will be in a position to help every athlete achieve his full potential" (p.12). Hope literature addresses the importance of the establishment of trustworthy relationships as the foundation for hope (Erikson, 1997). Some research indicates that coaches act as role models and mentors for athletes (Frisco, 1991; Grant & Darley, 1993). This research implies that coaches do more than teach sport-specific skills, they teach athletes how to become better people who are able to live richer and fuller lives. Hope literature indicates that hope can be role modeled and that people with higher hope lead more successful lives (Snyder, 1995). This puts coaches in a position to influence the hope in athletes through the establishment of trustworthy relationships and the ability to role model hope. It also suggests that coaches' levels of hope are influential in the hope of their athletes.

Some of the coaching literature also addresses the need for coaches to set clear, achievable and valuable goals. These goals need to be mutually agreed upon by the coach and athlete(s) and worked towards in a collaborative fashion (Evans, 1995; Frisco, 1991; Frisco, 1992; Holt & Sparkes, 2001). The hope literature frequently speaks to the role that goal setting and the achievement of goals play in maintaining and raising hope (Snyder, 1995).

Recent research (Curry & Snyder, 2000) has identified that athletes who have higher hope, as identified by the Trait Hope Scale, perform better both athletically and academically. Implications of this research suggest that hope is a variable that coaches should address and attempt to build and/or strengthen in their athletes.

In a recent study that explore the psychological characteristics of 10 U.S. Olympic champions (Gould, Dieffenbach & Moffett, 2002) athletes were found to have high levels of dispositional hope, as defined by Snyder's Adult Trait Hope Scale. These athletes exhibited extremely high agency, as well as, pathway hope subscale scores, meaning that not only did they believe in their ability to achieve their goals, but they also had clear avenues for achieving them. This study discovered that the psychological development of these athletes was helped by having coaches who displayed confidence in them "Coach X, I mean, he just believed in me and that is all it takes. You know, I just fee like he cared about me as a person and he believed in me as an athlete" (Gould et al. 2002, p. 193).

Hope and counselling.

In Dufrane and LeClair's (1984) exploration into the use of hope in the counselling process, they ascertained that not only is hope a crucial factor in helping to foster change in clients but that counsellors can play very active and powerful roles in the development and maintenance of client hope.

Hope is an important factor in the counselling process because it helps to determine choices in decision making, as well as inspire feelings of well-being and confidence (Dufrane & LeClair, 1984). Hope was defined as, "…an inner confidence that an expected and desired outcome will occur" (Dufrane & LeClair, 1984, p.33). What is critical, from a counselling perspective, is the future orientation of hope. Although hope is experienced in the present, it acts as a link connecting clients to a desired goal in the future (Dufrane & LeClair, 1984).

One tool that counsellors can use to foster client hope is the client-counsellor

relationship. Essential to a successful hope-fostering relationship is the development of trust, which must be addressed early in the counselling process (Dufrane & LeClair, 1984). The primary way to develop trust is to display trustworthiness; for the counsellor to model trust. A secondary issue in the development of trust is the recognition that each individual is unique and therefore to establish counselling relationships that are individualized. "Once the present-centered concept of trust is developed in the relationship, then it is appropriate to begin the journey into the future-oriented world of hope" (Dufrane & LeClair, 1984, p.37).

In addition to establishing a counselling relationship founded upon trust, counsellors must help clients to derive meaning from difficult life situations, to remain engaged in life and to use crises as opportunities for growth (Dufrane & LeClair, 1984). Counsellors must remember that their "…role is not to confirm or deny any belief system held by the person, but to support clients in their own explorations of the inner self" (Dufrane & LeClair, 1984, p.38).

Counsellors use who they are as people to help build trustworthy, hope inspiring counselling relationships. The nature of a counselling relationship requires a high degree of personal investment from the counsellor, which can deplete counsellors of their own energy and resources. "Because a counselling relationship is such a close and personal interaction, counsellors experience a certain amount of wear and tear emanating from the daily intensity of intimate and complex professional relationships" (Dufrane & LeClair, 1984, p.39).

Dufrane and LeClair (1984) offer the following suggestions to help counsellors

maintain and nurture their own hope: 1) monitor the counselling relationship in order to attempt to ensure that neither party are being pushed beyond their emotional or cognitive limits, 2) engage in on-going professional supervision or collegial support as a way of exploring possible obstacles to being a successful counsellor, as well as affirming positive aspects of the profession; 3) focus on the continued development of a strong sense of self and high self-awareness, which can help counsellors to monitor their feelings associated with their profession; and 4) focus on personal health and wellness, both physical and mental.

Snyder (1995) also addresses hope in the realm of counselling, "Our role as counsellors is to help people to think in more hopeful ways and to help them build more hopeful environments for themselves and those around them" (p.360). Snyder is vehement in his beliefs that hope plays a critical role in client change and progress. He grounds this belief in the research that states that people with high hope have better outcomes in their lives (Snyder, 1995). Snyder's (1995) research suggests and even demands that counsellors gain an understanding of their clients' levels of hope and should establish a counselling practice that works to raise hope. "High hope often assures the person of success in reaching goals" (Snyder, 1995, p.358).

Although Snyder (1995) states that counsellors should have an awareness of clients' levels of hope and a focus on raising these levels, he also acknowledges that counsellors' levels of hope are important. He describes the counselling profession as having a high degree of stress, which frequently results in counsellor burnout and yet people with high hope have been shown to be less likely to suffer from the negative

effects of burnout (Snyder, 1995). This information suggests that counsellors with high hope will do better than those with lower hope, making the counsellor's level of hope an important factor in the counselling process. An additional reason for counsellors to have high hope is related to the notion that hope can be role modeled. If a counselling goal is to raise client hope, one method for achieving this would be to have counsellors role model hope.

Both the personal and professional gains from counsellors having high hope indicate that counsellor self-awareness of hope and an active commitment to keeping hope high should be priorities for those counsellors who wish to experience on-going success in their chosen profession.

Summary

This review of the hope literature has indicated that hope is a salient characteristic of resilient people who lead more successful, healthy and happy lives. Hope is an inherent human quality that is established in the earliest years of life. Its foundation is the establishment of trustworthy relationships and frequently it is through relationships that hope is most vividly experienced. Hope is often more visible in times of uncertainty and suffering. Hope is resilient and although it can be damaged as a result of physical or emotional illness, it does not crumble under their pressure. Hope is prevalent in helping relationships, specifically health-care helping relationships. Care-givers have a unique and profound ability to both damage and nurture patient hope through their words and actions. Because of the positive impact that hope has for health and wellness, the health-care community is moving towards developing a greater awareness of the importance of

hope and how care-givers can function to sustain and strengthen patient hope.

This literature review has revealed that hope seems to be frequently explored within the realm of health-care helping professions, and less so within helping profession outside of the field of health-care, specifically those in the teaching, coaching and counselling professions. This study has attempted to expand the current research and literature on hope and helping relationships by addressing the question: What is the helper's experience and understanding of hope in teaching, coaching and counselling?

CHAPTER 3

Research Methodology

Research Question

This study attempted to explore the question: What is the helper's experience of hope in teaching, coaching and counselling? The goal was to expand the current literature on hope and helping beyond health-care helping professions, which is where the bulk of the research has been focused. The focus was on the helpers' experiences of hope, as opposed to the experiences of those whom they have helped. It explored their general experiences of hope, as well as, their experiences of hope in their contexts as helpers.

Choice of design: Collective case study.

A collective case study was used to explore the research question. According to Merriam (1998), "A case study design is employed to gain an in-depth understanding of the situation and meaning for those involved. The interest is in process rather than outcomes, in context rather than a specific variable, in discovery rather than confirmation" (p.19). My goal in exploring the experience of hope for teachers, coaches and counsellors was to gain an in-depth understanding of how my participants experienced hope in the context of being helpers. It was rooted in the desire to discover the meaning that my participants attached to being a helper and the role that hope played in their lives as helpers. The purpose of this study was to discover what these helpers experienced as hope, not to confirm any pre-existing hypotheses. When a researcher is interested in understanding and explaining how a phenomenon might be experienced, case study offers a good method for approaching the research question (Yin, 2003).

Stake (1995) asserts that cases are of interest because of both their uniqueness and commonalities. Researchers, who study cases "like to hear their stories…we enter the scene with a sincere interest in learning how they function in their ordinary pursuits and milieus and with a willingness to put aside many presumptions while we learn" (Stake, 1995, p.1). My goal was to hear their stories, listening to eventually discern how my participants understood and experienced hope in their regular, daily activities as helpers.

Yin (1993) states that, "Case study is the method of choice when the phenomenon under study is not readily distinguishable from its context" (p.3). The phenomenon under study was the experience of hope grounded in the context of being a helper. Removing the context of the selected helping professions would have made it impossible to answer the research question. Miles and Huberman (1994) further explain that cases cannot be studied devoid of their context. They make this statement as a reminder that cases always exist within a specified social and physical setting. Attention must be paid to the setting that the case is embedded in.

Merriam (1998) explains that case studies can be differentiated by their intent, of which there usually are three: description, interpretation and evaluation. Although all three contain a descriptive component, descriptive case studies are "useful in presenting basic information about areas of education where little research has been conducted" (Merriam, 1998, p. 38). Interpretive case studies "are used to develop conceptual categories, or to illustrate, support or challenge theoretical assumptions held prior to the data gathering" (Merriam, 1998, p.38). Evaluative case studies are employed when the goal of the research question is to weigh information in order to produce judgement

(Merriam, 1998).

This study was primarily a descriptive case study, as it was focused on an area of interest where little research had been conducted. Theoretical assumptions were not established prior to the start of the study. The purpose of this study was not to support or dispute existing theories about hope; it was to explore what these participants might experience and understand. There was an interpretive component, in the sense that the researcher did plan to search for patterns and to try and make sense of these patterns in light of the existing literature on hope and helping relationships, however the goal of supporting a particular theory or orientation towards hope was not a goal of this study.

Stake separates case studies into: intrinsic, instrumental, and collective (1995, 2000). Intrinsic case studies are conducted when a researcher has a specific interest in a particular case "it is not undertaken primarily because the case represents other cases or because it illustrates a particular trait or problem, but because, in all its particularity *and* ordinariness, this case itself is of interest" (Stake, 2000, p.437). Instrumental case studies are conducted when the researcher has an interest in a larger issue or phenomenon and they believe that the case can be helpful in better understanding this phenomenon. "Here the choice of case is made to advance understanding of that other interest" (Stake, 2000, p. 437). Collective case studies employ multiple cases in order to better understand or investigate a phenomenon, population or general condition (Stake, 2000). "It is an instrumental study extended to several cases" (Stake, 2000, p.437). This case study was an instrumental, collective case study. It employed three cases in order to better understand the experience of hope for a teacher, coach and counsellor.

Miles and Huberman (1994) offer strong support for the use of multiple cases, "We argue…with much recent practice to support us, that multiple cases offer the researcher an even deeper understanding of processes and outcomes of cases, the chance to test (not just develop) hypotheses, and a good picture of locally grounded causality" (p.26). When multiple cases are employed, the depth of any one case is sacrificed for the breadth of the group; however multiple cases can strengthen the trustworthiness of a study (Merriam, 1998). The issue of trustworthiness will be more deeply addressed in a later section of this chapter.

Stake (2000, 2000) asserts that case study is not a methodological choice, but a choice of what is to be studied. Merriam (1998) further explains that, "…the single most defining characteristic of case study research lies in delimiting the object of study, the case" (p.27). Cases are seen to be *bounded systems* (Creswell, 1998; Merriam, 1998; Miles & Huberman, 1994; Stake, 1995). There are clear boundaries around the case. The following are examples of possible cases: a person, people, an event, a program, an organization, a time period, a critical incident, a group, a community and a policy (Merriam, 1998; Patton, 1990; Stake, 1995). It must be clear where the case begins and ends; what are its parameters. In this study the individual cases were a teacher, a coach and a counsellor. Their stories and experiences were used collectively, to explore the experience and understanding of hope in the context of being a helper.

Selecting Participants

One teacher, one coach and one counsellor were chosen for this study, totalling three cases. According to Patton (1990) "There are no rules for sample size in qualitative

inquiry. Sample size depends on what you want to know, the purpose of the inquiry, what's at stake, what will be useful, what will have credibility, and what can be done with available time and resources" (p.184). Creswell (1998) explains that, typically, researchers choose no more than four cases when multiple cases will be used.

Participants' demographic information has been presented in Chapter 4: Presentation of the Cases, however a brief summary follows now. The teacher was a Caucasian married mother in her early 50's. She identified herself as a practicing Christian. She had two grown sons from a first marriage and had spent her entire professional life as an educator. The coach was a Jamaican married man in his mid-forties. He and his wife lived with their four children who ranged in age from 7 years to 15. Their three eldest were sons; the youngest was their daughter. They attended the Salvation Army Church, and considered themselves to be devout Christians. Although he had been involved in coaching since his early 20's he also worked full-time (in addition to coaching) in order to meet the financial needs of his family. The counsellor was a chartered psychologist in her mid-thirties. She was a Caucasian married woman, who had worked as a child psychologist since graduating from her doctoral program a decade earlier. Although raised in a Mennonite family, where prayers and grace were said regularly, she indicated that she did not currently attend or affiliate herself with any particular church congregation.

It is important to note that spirituality, a faith commitment and /or a relationship with God were not part of the selection criteria, nor was it known to the researcher prior to data collection. This commonality among the participants comes through so strongly

that it could seem as though it had been a criterion for selection when, in fact, it was not.

The specific participants were chosen via purposeful sampling. According to Patton (1990), "The logic and power of purposeful sampling lies in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term *purposeful* sampling" (p.16).

Patton (1990) describes 16 strategies for purposeful sampling. The selection of information-rich cases is the underlying principle that informs all 16 of the strategies. Criterion sampling is the ninth in his list of 16 and was the strategy of choice for this study. In criterion sampling, "...all cases meet some predetermined criterion of importance" (Patton, 1990, p.176). Criterion sampling was the chosen method for sampling, because it allows researchers to select cases that are likely to be information rich, as the researcher can predetermine what the criteria for selection will be (Patton, 1990). It gives researchers more control over the sampling process, which can help ensure that the purpose of the study is being adhered to. The following were the four criteria that all participants were required to meet:

1. Extensive experience as a helper (minimum 5 years).
2. No history of overlapping "helper" experiences (concurrent or sequential).
3. Ability to provide rich, thick descriptions of the experiences under study.
4. Willingness to engage in the data collection process.

The first criterion for participation required that all participants have a minimum of five years experience in their helping profession of choice. Recognising that it was

imperative that participants be able to provide information-rich accounts of their experiences as helpers, a minimum of five years in their professions helped to ensure that they would have enough experience to be able to provide the richness of information required.

The second criterion for participation was that no participant would have overlapping experience in any of the other professions under study (concurrent or sequential). For example, I would not select someone who was both a teacher and a coach, or who had previously been a coach and was now a counsellor. I felt that it was important that each participant have experience in only one of the professions under study. I was concerned that if a participant had experience in more than one of the professions that it would be difficult for the participants to delineate from which profession they were speaking.

The third criterion for participation related to participants' ability to communicate thoughts and feelings about their work as helpers and their experiences of hope. Fundamental to purposeful sampling is the ability for participants to provide information-rich accounts of their experiences (Patton, 1990). Participants needed to be able to clearly and vividly describe what it was like to be a helper, their understanding of hope and how these two concepts/experiences interacted. The third selection criterion was the ability to provide rich, thick descriptions of the experiences under study.

The fourth and final criterion for participation related to the data collection process. Multiple forms of data were collected and participants needed to be available for consultation and collaboration throughout the duration of the study. This process was

outlined to prospective participants in both the information sheet and informed consent form (see Appendices A & B). The fourth selection criterion was a willingness to engage in the data collection process.

According to Morse (1991) there are three qualities that define "good" participants: 1) they have to be knowledgeable about the topic under study; 2) they must be able to reflect and provide detailed experiential information about the phenomenon. Merely having experience with the phenomenon under study is not sufficient, they must be willing and able to share and communicate this experience; 3) they must have enough uninterrupted time and agree to the data collection process. This study's criteria for selection ensured that Morse's qualities for good informants were achieved.

Although the previously described criteria guided the selection process, the way in which I was introduced to each participant varied. In searching for the teacher my supervisor put me in contact with a teaching colleague and good friend of hers whom she felt had strong connections within the teaching community. After learning about my research interest, question and focus, and after understanding the participant selection criteria, this woman gave me the name and phone number of a female colleague of hers whom she thought would suit the study. Soon thereafter I phoned this woman, explained who I was, how I had been given her number and what my purpose for calling was. She invited me to come to her school where we could meet and discuss in more detail the nature and purpose of my research. After our discussion, and after having read over the participant information sheet, she agreed to participate in the study.

In the fall of 2000 I was an assistant coach of a college women's basketball team.

A new assistant coach joined the men's team that year and was easily one of the most passionate basketball coaches that I had ever met. In a discussion with my supervisor I was describing this coach, and she immediately asked if I had thought about approaching him for participation in my study. I had not, but upon further reflection realised that he met all of my selection criteria. The next day, armed with my participant information sheet, I approached him, described my study and asked him if he would take home the information sheet, read it through and consider participation in the study. He did so and soon thereafter agreed to be my coach for the study.

I struggled in finding a counsellor as my final participant. As I was a counsellor in training I did not yet have strong connections with the counselling profession and knew very few counsellors. A colleague of mine was working as a psychologist in our Faculty of Education's clinical services department. My supervisor thought that she would be a good candidate for my study. I shared with her what I was interested in exploring and we discussed the possibility of having her participate. Although she was interested in the study, she did not feel that she had enough time to fully commit to the data collection process, and therefore declined. At that time I was completing my doctoral internship as a psychologist at a local cancer hospital. I had the opportunity to work alongside five psychologists, two social workers and a pastoral care worker. In a discussion with the psychologist who specialized in working with children with cancer, I shared with her my dissertation topic and struggle to find a counsellor. We talked about the selection criteria and I then asked her if she would consider participating. The next day I brought her the participant information sheet and after reviewing it, she agreed.

Miles and Huberman (1994) discuss the fact that although choices need to be made regarding the exact case(s) to be studied, researchers also make choices regarding which episodes, activities, events, processes, times and locations will be studied. They call this within-case sampling. They explain that within-case sampling is theoretically driven. The conceptual question that guides the research guides the *who, what, when, and where* of the research. There are unlimited opportunities for exploration when doing qualitative research. My understanding of Miles and Huberman's discussion of within-case sampling is to remind researchers that when they make decisions about what to observe, what to ask and what to explore, their research question guides these within-case sampling decisions.

In within-case sampling, the researcher regularly makes choices about what to focus on and what to omit. The experiences and observations that have been chosen for this study represent only a "snapshot" of the participants' lives. In my view, the snapshots chosen best addressed my research question. They resonated with me in a different, more powerful, more intimate way than did other experiences and observations. This study is an account of what these helpers experienced and understood of hope.

Gathering Understandings: Data Collection

Merriam (1998) indicates that "case study does not claim any particular methods for data collection or data analysis. Any and all methods of gathering data, from testing, to interviewing, can be used in a case study..." (p.28). Yin (1993) adds that, "The important aspect of case study data collection is the use of multiple sources of evidence – converging on the same set of issues" (p.32). Researchers agree that there are three

primary sources of data for qualitative studies: interview, observation and documents (Creswell, 1998; Merriam, 2002; Miles & Huberman, 1994; Patton, 1990; Stake, 1995). Creswell (1998) adds that within recent years additional sources of qualitative data have emerged such as e-mail, journaling and observation through videotapes and photographs.

This study employed three primary methods for gathering information: observation, interview and journals. E-mail, as well as telephone conversations, were also used as secondary sources for information gathering.

Observations.

According to Patton (1990) the purpose of observation is to *describe* the setting. As a result of the process of observation, researchers should be able to adequately describe the physical setting, the people involved, the activities that took place, as well as the meanings of what was observed from the perspective of the participants. Stake (1995) states that after having made an observation(s) researchers should be able, "…to provide a relatively *incontestable description* for further analysis and ultimate reporting" (p.62).

The fundamental purpose of the process of observation is to be able to *describe* what was observed. This was my focus when I was engaged in observing my participants. During my observations I made notes on things like: the physical setting and surroundings, the physical attributes of my participants and the people they interacted with, the nature and process of their interactions, their styles of communication (verbal and non-verbal), the social environment of their place of work, and the daily routine(s) that they engaged in. Two guiding goals helped to focus my observations: 1) I wanted to gain an appreciation and understanding for my participants' lives as helpers, including

where they worked, with whom they worked, what their work entailed and what it might be like to *be them* at work; 2) I wanted to be able to leave with enough information that I would be able to write the case studies in such a way that readers would be able to vicariously experience what it might be like to be these helpers.

> The critical point about the duration of observational studies is that the length of time during which observations take place depends on the purpose of the study and the questions being asked…fieldwork should last long enough to get the job done – to answer the research questions being asked and to fulfill the purpose of the study (Patton, 1990, p.214).

Observations ranged from a minimum of two to a maximum of ten. They also ranged in terms of frequency and length. Issues related to confidentiality impacted my ability to observe the counsellor in her work with clients, whereas I could attend as many basketball games or practices as I liked when I wanted to observe the coach. My observations ended when I had developed a good understanding and was able to provide a relatively *incontestable description* (Stake, 1995) of the participants' lives as helpers.

I observed the teacher six times. All of these observations occurred at her school. The observations lasted between 2 to 5 hours. Throughout the course of my time spent with the teacher, I was able to observe: individual meetings with parents, individual meetings with students, individual meetings with parents and students, meetings with a social worker, a team meeting that involved the teacher, the principal, a student in crisis, the mother of this student, and two of this student's teachers, the teacher engaging in focused teaching of two grade one boys, a tour of the school, the teacher making crisis

calls to child welfare, drop-ins on classes as they were involved in their learning, and the teacher's process of note taking, file management, returning phone calls and other managerial duties.

I made focused observations of the coach ten times, however I had prior knowledge of and experience with the coach as he was an assistant coach of the men's basketball team at the same college where I was an assistant coach of the women's basketball team. Prior to the start of this study, I had known the coach for four months. My observations of the coach consisted largely of watching him engage in coaching practices and games. As our teams travelled to away games together, I also had the opportunity to observe the coach on the bus, in the hotel and in restaurants with his athletes. During games I observed the coach from both the stands, as well as behind the bench. Practices lasted one and a half hours and games ranged between one and a half to two hours. Bus trips lasted between 45 minutes to two hours.

I made two focused observations of the counsellor, although I also had prior knowledge of and experience with her, as I was a psychology intern at the same hospital where she was a child psychologist. Prior to the start of this study I had known the psychologist for one and a half years. My first focused observation consisted of observing the psychologist facilitate a grief group for parents who had lost a child to cancer. Prior to attending the grief group all members were verbally asked by the psychologist for their consent to have me observe. They were aware that the purpose of my observation was to focus on the psychologist and that no information that they provided would be included in the final document.

I had intimate knowledge of this group as I had co-facilitated the group one year prior to this study. Some of the members were different, however, the basic nature and context of the group was how I had remembered it. Prior to the beginning of the meeting I was introduced to the group and they were informed that I would be making my observations from behind a one-way mirror so as to attempt to minimize my influence on the group dynamics. I had access to audio equipment so that I could hear what the group was saying. Although I was looking forward to the process of observing the group, I was surprised at how happy I was to see the familiar group members again and at the warm and genuine reception that they gave me. The group lasted for two hours.

My second focused observation of the psychologist lasted approximately five hours. This observation occurred at the hospital. I attended a one-hour team meeting in the morning that included physicians, nurses, physiotherapists, occupational therapists, social workers and the psychologist. During this meeting they discussed current cases, current and future treatment, prognosis, and any concerns that team members might have had. I then followed the psychologist as she made her rounds to all of the children that were her in-patients. I observed her interact with children, parents, nurses and physicians. I observed her in her office as she reviewed case notes, and returned correspondence.

During observations I regularly recorded written notes. After every observation I re-recorded my notes on my computer with more depth and description. This provided me with an opportunity to reflect upon what I had observed and often resulted in the creation of questions or thoughts that I wanted to explore with the participants.

Journals.

I asked participants to keep a journal for six weeks. In the journal, participants were requested to record specific incidents that they felt were related to hope. They were asked to reflect upon their day or their week and think about anything that happened that connected to hope. They were required to record at least one incident per week, but were not confined to a maximum number of recordings per week. After the first two weeks of journaling I collected the journals and provided participants with feedback. The purpose was to help them to write in such a way that they provided the richest data possible. Participants were provided with both written and verbal instructions on how to journal. Please see Appendix C for the written instructions.

The goal of the journaling was to help participants to begin to think about their work as helpers in the context of hope, to get them to start to intentionally reflect upon hope. This process helped prepare them for the interviews, which were focused on how being a helper interacted with their understanding and experience of hope. Prior to the start of the study, most participants acknowledged that they had never really thought about hope and specifically that they had not connected hope and their professions. My intention was to use the process of journaling to help participants start to actively reflect upon hope.

Interviews.

The third and final method that I used to collect the data was interviewing. Two formal, semi-structured interviews were conducted with all participants. The length of each interview averaged between one and two hours. The interviews with the teacher

were conducted at her home; the first interview with the coach was conducted in a classroom at the college where he coached and the second interview was conducted at his home; the interviews with the counsellor were conducted in the group room at the hospital where she worked. Follow-up telephone conversations and e-mails were also used to clarify and confirm that I understood their stories. All interviews were audiotaped and then transcribed verbatim. I frequently audiotaped interviews using two recording devices to protect against the possibility that one of the devices would malfunction. I also took written notes while listening to the participants tell their stories. The first interviews were more unstructured or semi-structured whereas the second interviews tended to be more structured. May (1991) explains that this tends to be the natural progression when conducting interviews because the degree of structure of an interview is mainly dependent upon *when* in the data collection process the interview is taking place.

According to May (1991) in the early phases of data collection interviews tend to be more like guided conversations, they are very interactive with the goal being to begin an exploration into the topic under investigation. Because the interviewer usually has limited information about the participant, early interviews tend to be focused on getting to know the participant and a preliminary discussion about the topic. Questions tend to be very open-ended to help facilitate discussion. Although questions are informed by the interviewer's previous knowledge, information and experience with the topic, the interviewer tries to suspend this information in an attempt to truly discover the participant's perspective.

As the data collection process progresses, interviews take on a greater degree of

structure. Frequently, interviewers will now have specific questions, which require clarification. They will have discovered areas that need more depth, or new questions will have emerged.

My interviews followed the same progression as May (1991) describes. In the first interviews my focus was on engaging the participants in conversations about their experiences as helpers and how they came to be helpers, as well as their understanding and experience of hope and whether or not they felt hope played a role in their work or was impacted by their work as helpers. Although I had some structured questions (see Appendix D) to help guide the conversations, the questions were very open-ended and focused on creating discussion. Prior to the first interviews I reviewed field notes and journals.

The second interviews were much more structured. The goal of these interviews was to fill in the gaps of *my* understanding. Prior to the second interviews I had thoroughly reviewed the first transcripts, my field notes and the journals. I then made notes and created focused questions on areas where I felt I needed more information because I was either confused or unclear about participants' experiences. The second interviews provided an opportunity for participants to hear my understanding of what they had shared with me in order to ensure that I was accurately representing their experiences. This process it one method of what is called *member checking* and helps to strengthen the trustworthiness of a qualitative study. Member checking and trustworthiness will be addressed in more detail in a later section of this chapter.

In addition to my pre-determined questions, I often made hand-written comments

in the margins to prompt me when I felt that there were areas that needed specific attention or required more detailed information. I also kept some written notes during interviews. After the two formal interviews were conducted, I followed-up with each participant through the use of e-mail and/or telephone when I had additional questions or needed clarification.

Making Sense of the Information: Data Analysis

Stake (1995), in his book *The Art of Case Study Research*, states that there is no particular moment when data analysis begins. It is a continual process, something that goes on and on throughout the duration of the study. It is the process of taking something apart; of giving meaning to first impressions. Qualitative research capitalizes on ordinary ways of making sense. It uses things that we do automatically without a conscious protocol, an intuitive processing to search for meaning.

Patton (1990) agrees that there is not a precise point when data collection ends and analysis begins. In the process of collecting information researchers will begin to make connections between and within the data, to develop ideas about why things are happening and what meaning they have. These fledgling ideas constitute data analysis.

Janesick (2000) describes qualitative data analysis as a process of reassessing and reaffirming concepts while doing field work. The researcher creates concepts or working hypotheses while collecting information. As this process continues relationships may be identified that connect the information to the hypotheses. The researcher continually moves between interview transcripts, documents, written observations and the analysis in an attempt to verify and confirm their ideas about the meaning of the information.

My process of making sense of the information gathered falls in line with what Stake, Patton and Janesick all say about analysis. I cannot decipher exactly when my analysis began. Upon reflection I believe that it began the moment I started to delineate my research question, the moment I began to think about my research interest. Because I am so intimately tied to the professions that I chose to study, I already had ideas about how other helpers might experience being teachers, coaches and counsellors. I already had ideas about what it felt like to experience hope and how hope might be related to helping. Although I did not pre-determine themes that I thought would materialize, throughout the course of data collection I began to recognise, identify, and think about themes that I felt were emerging. As the researcher is the primary instrument for data collection and analysis in qualitative research, data analysis began when my analytic thought process began.

Stake (1995) identifies direct interpretation and categorical aggregation as the two strategic ways that case study researchers analyse data. He indicates that in intrinsic case studies, most of a researcher's analysis is spent in direct interpretation, as categorical aggregation distracts from the uniqueness and specifics of the case. In instrumental case studies the need for categorical aggregation is greater, as the researcher is attempting to use the cases to better understand a larger question or phenomenon (Stake, 1995).

Stake indicates that both direct interpretation and categorical aggregation rely on the search for patterns. This search occurs throughout the data collection and analysis processes. Although single instances can prove significant "usually the important meanings will come from reappearance over and over" (Stake, 1995, p.76). Patterns can

either be determined in advance or will emerge from the analysis (Stake, 1995).

This study used both direct interpretation and categorical aggregation but relied more heavily on the latter. Patterns were not established prior to the study; they emerged during the data collection and analysis. I kept track of patterns by highlighting them in the transcribed interviews, my written observations and in the participants' journals. While reviewing the data I made notes both in the columns, or directly in the text of written documents, I also made separate notes in addition to those that I had written on the documents. I analysed each case in its entirety, searching for patterns, and consistency, and even writing up separate case reports, which summarised these findings, prior to exploring the cases collectively.

Merriam (1998) calls this within-case analysis and explains that it is only after all within-case analyses are complete that the cross-case analysis begins. During the cross-case analysis the researcher attempts to inductively build abstractions across cases. "The level of abstraction can…lead to categories, themes, or typologies that conceptualize the data from all the cases…" (Merriam, 1998, p.195).

Although I formally proceeded with the consecutive within-case analyses of all three cases (teacher, coach, counsellor), followed by the cross-case analysis, I know that these processes were not exclusive of one another. When I began to review the observations, journal and interviews from my coach, I did so with the experience of having already analysed the case of the teacher. When I began the process of reviewing the information from the counsellor, I did so with having analysed both the teacher and the coach. From the moment I started reviewing the information from the second and

third participants I began to notice themes that I felt carried across cases. Although I tried to focus on each case as a comprehensive whole (during the within-case analyses), I was aware that I was also noticing patterns, which seemed to link between and across the cases.

Throughout both the within and cross-case analyses I made note of reoccurring patterns. I began to identify and name these patterns as themes, and established separate categories for each of them. This category construction began with my initial observations and notes, and proceeded more formally as I became more entrenched in the analysis process. Merriam (1998) describes a category construction process that parallels my own:

> Category construction begins with reading the first interview transcript, the first set of field notes, the first document collected in the study. As you read down through the transcript, for example, you jot down notes, comments, observations, and queries in the margins… after working through the entire transcript in this manner, you go back over your marginal notes and comments and try to group those comments and notes that seem to go together…these patterns and regularities become the categories or themes into which subsequent items are sorted. (Merriam, 1998, p.181).

Merriam (1998) states that the construction of categories that represent patterns is the second phase of analysis, "…devising patterns is largely an intuitive process, but it is also systematic and informed by the study's purpose, the investigator's orientation and knowledge, and the meanings made explicit by the participants themselves" (p.178).

Within-case analysis consisted of reading and re-reading my written observations,

the participants' journals and the transcribed interviews while highlighting certain areas and jotting down notes in the margins. After this initial review I made a second set of notes that pulled together all sources of information and began categorizing the information into themes. I then reviewed the initial themes to try and create larger, over-riding themes so that I would end up with more manageable information.

Cross-case analysis consisted of reviewing both the initial as well as over-riding themes that I had created for each case to look for similarities or differences between cases. I then created a new set of themes that I felt represented the cases collectively. Initially, I had established themes that represented all of the patterns that I felt emerged from the data. These themes represented participants' experiences related to: becoming a helper, being a helper, their understandings of hope, and how they felt hope connecting with their work as helpers. When I presented this data analysis, in the form of my discussion, to my supervisory committee for feedback, an overriding comment was that, in much of my discussion, my research question was not visible. They specifically said that they could read for a number of pages (sometimes as many as six) without any mention of hope. I was advised to re-work the analysis and make sure to keep my research question at the forefront.

I went back to the transcripts, written observations and journals. I wrote my research question in large letters, on a piece of paper, and kept it in front of me while I reviewed the data. I kept asking myself, "Where's the hope?" Although there was much information that I found interesting, if it did not answer or add to my specific research question, I did not include it in my search for patterns and themes. This analysis led to the

creation of the five themes that have been presented in this study.

There were times when I was worried that the patterns that I recognised and identified were more a reflection of *my* personal experience with being a teacher, coach and counsellor, rather than something that my participants had experienced. I was conscious of the possibility that what I "found" from the data was actually personal beliefs that I was imposing on the data. To try and ensure that I was staying true to the participants' experiences, I regularly returned to the original transcripts, my original field notes, and the participants' journals in an attempt to confirm that I was representing *their* ideas, words and thoughts.

Although there were times when I doubted and felt anxious about my process of analysing the data, I found comfort in knowing that Stake (1995) assures that there is no *right way* for conducting analysis in case study research. There are no recipes:

> In my analysis, I do not seek to describe the world or even to describe fully the case. I seek to make sense of certain observations of the case by watching as closely as I can and by thinking about it as deeply as I can. It is greatly subjective. I defend it because I know no better way to make sense of the complexities of my case. I recognise that the way I do it is not "the right way."…Each researcher needs, through experience and reflection, to find the forms of analysis that work for him or her. (Stake, 1995, p.77)

Trustworthiness

When addressing the issue of the trustworthiness of a study, a qualitative researcher is basically, "…persuading his or her audiences (including self) that the

findings of an inquiry are worth paying attention to, worth taking account of" (Lincoln & Guba, 1999, p.397). Four separate areas of a study need to be addressed in order to suitably confirm its trustworthiness: credibility, transferability, dependability and confirmability (Lincoln & Guba, 1999). The following sections address each issue separately.

Credibility

The credibility of my study was addressed through the use of: 1) data triangulation and 2) member checks. I used three forms of data (observation, journal and interview) in an attempt to capture my participants' experiences and understandings.

Data Triangulation.

Data triangulation recognises that there are multiple ways to capture experiences and increases the probability of doing so. Although triangulation is a well-known concept in qualitative research and valued as a method for establishing the credibility of a study, Richardson (2000) has recently proposed using a different metaphor to approach the issue of triangulation. She has proposed adopting the metaphor of a crystal, and uses the term crystallization. Because triangulation assumes that a fixed point or object that can be triangulated exists, Richardson believes that this goes against the fundamental beliefs of many post-modern qualitative researchers. Triangulation implies that if we come from three different angles, we will *get it right*. Crystallization recognises that there are more than three sides from which to approach an experience and that *getting it right* is never a goal.

Crystals combine symmetry and substance with an infinite variety of shapes,

> substances, transmutations, multidimensionalities, and angles of approach. Crystals are prisms that reflect externalities and refract within themselves, creating different colours, patterns and arrays, casting off in different directions. What we see depends upon our angle of response....crystallization provides us with a deepened, complex, thoroughly partial understanding of the topic. Paradoxically, we know more and doubt what we know. Ingeniously, we know there is always more to know (Richardson, 2000, p. 934).

I prefer the notion of crystallization to triangulation. I believe that no matter how many angles I choose to approach my study from, still more will always exist. My experience paralleled Richardson's description of knowing more and doubting what we know; knowing that there is always more to know. It seemed that every time I felt that I was really getting it I realised that there was so much more to get. I finally accepted that all I would ever know would be one possible explanation for how my participants understood and experienced hope. And that this was enough.

Member checking.

Member checking occurred throughout the course of the study as I regularly shared my observations and interpretations with participants while asking for their feedback. Formal/structured member checking opportunities occurred during the second interviews, follow-up telephone and e-mail conversations and through the provision of a written copy of their case as interpreted and written by me. During the second interviews I summarized what I had learned from my observations, reading of their journal entries and interpretation of their first interviews. I presented my understanding of their experience of

being a helper and understanding of hope. I asked for direct feedback regarding the accuracy of my interpretations. During the formal analysis and writing of the discussion chapter I corresponded with participants via telephone and e-mail when I had doubts or additional questions that required clarification.

I provided participants with a written copy of their case and requested that they read the case and provide me with feedback. Although some grammatical changes were made, for the most part participants acknowledged that I had accurately represented their experiences. According to Lincoln and Guba (1999), member checking is the most crucial technique for establishing credibility.

Transferability

Transferability addresses the applicability of a study to other contexts or with other subjects; the generalizability of a study (Lincoln & Guba, 1999). Lincoln and Guba (1999) indicate that it is not the qualitative researcher's responsibility to assess whether or not a study's findings can be transferable to other contexts. They are responsible for providing rich, thick description of the findings so that people who are interested in transferring them can determine whether or not they can do so. Stake (1995) states that through the presentation of rich, thick description of the case, researchers can provide the opportunity for readers' vicarious experiences, which can assist them in making generalizations. He calls these generalizations 'naturalistic' (Stake, 1995, 2000) and explains that they are developed:

> within a person as a product of experience. They derive from tacit knowledge of how things are, why they are, how people feel about them, and how these things

> are likely to be later on in other places with which the person is familiar. They seldom take the form of predictions but lead regularly to expectations (Stake, 2000, p. 22).

Lincoln and Guba (2000) go on to explain that by providing people information in the form that they are used to experiencing it "they will be able, both tacitly and propositionally, to derive naturalistic generalizations that will prove to be useful extensions of their understandings" (p.36).

In addition to providing information in the form that people are used to experiencing it, case study researchers should provide sufficient information about the context in which an inquiry is carried out. By doing so the researcher provides a base of information that will be appropriate for anyone else who might be interested in transferability (Lincoln & Guba, 2000). This contextual information is included in the rich, thick description of the case and "must specify everything that a reader may need to know in order to understand the findings" (Lincoln & Guba, 2000, p. 40).

Gomm, Hammersley and Foster (2000) argue that most case study research must be directed to some form of generalization. They indicate that in order to increase the likelihood of the generalizability of a case study, the researcher should take into consideration their target population and its relative heterogeneity. Consideration of how the chosen case(s) might be typical or atypical of the larger population to which the information will be generalized is required.

In addition to gathering information about the target population, the researcher is encouraged to reflect upon the process for selecting the case(s) for study (Gomm et al.,

2000). Gomm et al. (2000) suggest that a case study researcher either select a case that is as typical of the target population as possible, or a small sample of cases that cover the extremes. No case will ever represent all of the features of its target population. In recognition of this:

> it is essential to use what information is available about the cases studied and the target population; to recognize and signal possible risks to sound generalization of the findings; and to organize the selection of cases for investigation in such a manner as to allow for relevant heterogeneity (Gomm et al., 2000, p.108).

This study has attempted to provide a thick description of all three of the cases and the contexts within which they are embedded. The descriptions are approximations of everything that the reader may need to know in order to understand the findings and experience naturalistic generalizations, however, in recognition of the fact that thickness is a matter of degree (Gomm et al., 2000) it is possible that not all readers will experience generalizations to the same degree.

The target population was kept quite general, in that it was teachers, coaches and counsellors with no additional narrowing of focus to specific kinds of teachers, coaches or counsellors. Purposeful, criterion sampling was used in selecting the cases, however because the target populations are large and the differences within them could be many, it is beyond the ability of this researcher to determine if these cases are typical or extreme. It has been left to the reader to determine if these specific cases represent a target population(s) that they can relate to and draw generalizations from.

Stake (2000) reminds researchers that, even in intrinsic case studies, where

generalization is not the fundamental purpose of the research, generalizations occur, they cannot be avoided. However, a case study researcher is cautioned not to assume that they can summarize what all interpretations from any given study are. As the researcher does not know whom all of the readers may be, nor do they know the contexts from which readers may come, they cannot predict, with any accuracy, what vicarious interpretations readers might make on their own. Researchers can share their own interpretations, but should acknowledge that individual readers might also derive their own.

Dependability and Confirmability

Dependability and confirmability address whether or not a reader can trust that the results actually came from the data and force the researcher to make the process of data collection and analysis visible (Lincoln & Guba, 1999). The research process for this study has been made visible from the inception of the research question through the choice of design, selection of participants and data collection, to the presentation of the cases, data analysis and interpretation. A paper trail has been kept and the personal biases and beliefs of the researcher have been shared.

Summary

The question: What is the helper's experience of hope in teaching, coaching and counselling, was explored using collective case study approach. Criterion sampling was the strategy of choice for choosing the three participants. Three methods of data collection were employed: observation, journaling and interviews. Data were presented in the form of three separate cases. Data were analysed both within and across cases. Themes were established and interpretations were made within the context of the current

literature on hope and helping.

Data triangulation, member checks, thick description, purposeful sampling, multiple cases, and a clear outline of the research process, as well as the visibility of researcher biases and beliefs worked together to establish the trustworthiness of this study.

CHAPTER 4

Presentation of the Cases

This chapter is a presentation of the three helpers who allowed me into their lives so that I could attempt to explore how they understand and experience hope. All of their cases have been presented in such a way that the process they went through in becoming a helper has been presented first, followed by how they experience being a helper and how they understand hope, and ending with how they feel hope and helping interact. This format follows the sequencing of the interviews.

Each case has been structured such that they are summaries of the interviews and observations, mixed with direct anecdotes and quotes. The journals were used as a backdrop for the interviews and method for encouraging the participants to begin to actively think about hope. There are no direct quotes or summaries from the journals provided in the presentation of the cases. These cases include as much of the interviews as possible, with very little having been edited out. I have tried to include every story or example that my participants shared, and these are what have been written as anecdotes. The anecdotes are provided in the hopes that they might provide the reader with a deeper and more personal understanding of each of the helpers. Anecdotes have been written in italics to differentiate them from the authored case.

There are variations in the cases with respect to the number of anecdotes. This could have occurred for a number of possible reasons, two of which I have elaborated on: 1) some people speak in story; they are better story tellers and are more comfortable explaining their experiences through the use of story telling. The counsellor, for example,

has been professionally trained to listen to stories; it is what she does, while at work, for the bulk of her days. She is very comfortable and accustomed to working with stories. This could be a possible reason why her case is quite rich with anecdotes.2) I could have experienced changes in my ability to elicit stories as I moved through the interviews. I could have improved as an interviewer over the course of the study. I tried to collect the bulk of the information from one case before moving on to the next, which meant that I conducted all of my formal observations and interviews with the teacher, prior to beginning with the coach, and then with the counsellor. By the time I had begun collecting the information from my counsellor, I had already experienced conducting two formal interviews with my other participants, for a total of four. It is possible that these experiences altered my skills as a researcher, which could have impacted my interactions with the participants and how they responded to me.

These cases have been presented to the participants for their evaluation and feedback. They have approved what has been presented in this chapter as being an authentic representation of their stories.

The order in which the cases are presented parallels the title of this study and so this chapter begins with the case of the teacher, followed by that of the coach and ending with the case of the counsellor.

The Case of the Teacher: Beth

> "Education…is where we decide whether we love our children
> enough not to expel them from our world and leave them
> to their own devices, nor to strike from their hands
> their chance of undertaking something new, something
> unforeseen by us, but to prepare them in advance
> for the task of renewing a common world."
>
> H. Arendt, 1968

Becoming a Teacher

Beth is a 50-year-old married mother of two sons in their early twenties. She is petite in size but big in heart and passion. With her stylishly short dark hair, caring eyes, and big grin she has a presence that says, "I am *so* glad to meet you!" She lives with her husband, two cats and dog in a middle to upper class neighbourhood. Their home is spacious, airy and welcoming, backing on to a man-made lake. Her sons still keep rooms at home, but live on their own with regular visits.

Beth works as Assistant Principal at an Elementary-Junior High School in the northeast of a large city in Western Canada. Her school can be found in a lower class neighbourhood where many of the homes are rundown and families struggle to make it while living below the poverty line. It is not uncommon to walk the streets and see homes with boarded up graffiti filled windows, fallen down fences and screen doors barely hanging on by their hinges. Unkempt dry brown lawns and cement parking lots serve as children's playgrounds. There is little in the way of extra for toys and games.

The student population is approximately 210 and ranges in grades from kindergarten to grade nine. The administration has identified that approximately 59% of

the student body is labelled "special needs". Three opportunity classes that specialize in helping children who struggle with cognitive delays are provided. Close to 60% of the student body are of aboriginal descent. Many of the students come from single parent families with many surviving at or below the poverty level. Drug and alcohol problems, gang influences, neglect and abuse are all issues that the school community struggles to cope with while attempting to provide quality education. Beth is acutely aware that her school caters to children in need, however, remains passionate about maintaining and demanding a high quality of education for all students. She refuses to accept excuses for why difficult life situations keep children from learning, and instead discovers solutions for how to ensure that children do learn in spite of these situations.

Prior to coming to this school Beth worked for twelve years as a grade two teacher in a school nestled in a middle to upper class community. Although she enjoyed her work as a classroom teacher she began to feel restless and recognized her desire to be challenged. Beth always had a clear goal of one day becoming a principal, however she was committed to putting that goal on hold until her two sons were out of high school and into college. In spite of her career aspirations, Beth is and always has been a parent first.

As a prerequisite to embarking on her path of becoming a principal, Beth determined that she needed to experience the challenges and life of a teacher in an inner city school. She knew that there was more to learn and that she needed more personal growth as an educator before she would be able to do justice to a principalship.

Beth surveyed her friends in the education community and inquired as to where she would be challenged the most. One school's name kept surfacing and quickly became

evident as the best choice if she truly wanted to be stretched and challenged. On a sunny afternoon in the spring of 1999 Beth arranged a meeting with the school's Principal. She made the Principal an offer that was unique in its rarity, how would she like to have an experienced, accomplished and enthusiastic new teacher on staff for the upcoming year? Beth shared her belief about needing an experience in an inner city school and her goal of one day becoming a school administrator. Although the Principal commented that she had never had such an offer before, she felt that there was plenty of room for an excellent teacher to come on board. After one year of classroom teaching, Beth was offered the Assistant Principal position. In conjunction with working as Assistant Principal, Beth is also registered at the local university in a program focused on the development of future principals.

Although the path to becoming a principal has always been very clear and straight for Beth, the path to becoming a teacher was more like a sharp turn. Beth did not have a childhood dream of one day working as a teacher; her career aspirations had been headed in the direction of law. A young marriage and the birth of her two sons altered her visions of becoming a lawyer, as she could not commit to the educational needs of the profession. Her desire work in a profession that was geared towards helping people pushed her towards a career in teaching. Since entering into the teaching profession she has never looked back. Becoming a teacher is a decision she cherishes and one she feels she was meant to make.

Being a Teacher

For Beth, being an educator is about passion. It is truly a profession that she feels

a personal connection to and love. Beth feels blessed that she has the privilege of waking up every morning and going to work at a school; blessed that through her work, she has the opportunity to make a difference in children's lives on a daily basis. She feels an enormous sense of accountability and responsibility to her school community in terms of providing the best possible education for all children.

Beth's vision as an educator is to develop a collaborative community of educators who are working towards the common goal of providing equal education for all students. Beth accomplishes this goal by developing relationships between staff, students and the extended community that are based on respect and trust; relationships that maintain the integrity of everyone involved, relationships that are grounded in the belief that all children deserve the best possible education, no matter what.

One of the basic ways that Beth practices developing respectful relationships is to try and be aware of the different life contexts from which people may come. She tries not to make assumptions about people before getting to know them.

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The Day in the Lunchroom

Approximately two years ago Beth's school was given a generous donation of $150,000. After some deliberation it was decided that half of it would be put towards developing a hot lunch program. The cost to families was set at $1.00 per day per child, or whatever the family could afford. For many of the children at Beth's school, this program provided them with their only meal of the day. On this particular day while Beth was making her rounds in the lunchroom, she noticed a small child vigorously stuffing

food in his pockets. Beth's initial reaction was to run over, pull his small hands from his pockets and demand to know what he was doing? Stuffing food in your pockets is wrong. Instead of rushing over and stopping the boy Beth chose to pause, think for a moment and then walk over to the child and kneel down beside him. Now at eye level, and with a slight smile on her lips she said to the child, "Well Ben...I noticed that you were doing something really interesting. I noticed that you were putting food in your pockets and I was wondering if you could tell me why? It's just such an interesting thing to do." Without a moment's hesitation Ben eagerly explained that he needed to save it for his mom. He knew that she hadn't eaten yet today and so he figured that if he could bring some of the food home, she could at least have supper that night.

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Beth is acutely aware of the struggles that the children at her school face on a daily basis. Often the skills that the teachers teach have little to do with curriculum and much to do with basic life skills. Beth can often be heard praising a child for walking down the stairs instead of running or leaping three at a time. She spends time helping children learn how to play a game, explaining that you take turns rolling the dice, that you say please and thank-you, that you go in order and have to wait until your turn comes around.

A lot of the work centres on reinforcing appropriate social skills. The school's halls are splattered with posters that read words like: RESPECT, KINDNESS, TRUST, SHARING, CARING, HONESTY. Beth explains to me that many of the children don't get this kind of reinforcement at home, they don't learn these kinds of skills anywhere but

at school and educators have an enormous role in the development of the children as well-rounded people not just as accomplished students.

Many of the students that come to Beth's school are labelled "bad". They may be gang members, they may participate in vandalizing the neighbourhood or dealing drugs, they often skip school, go missing for days and make little effort academically. Although Beth disapproves of these behaviours, when children are in her school they are given the opportunity to learn, challenged to learn and expected to learn. Beth makes a point of looking beneath the surface and of focusing on what the child might be able to become. She trusts in the inherent goodness of children and tries to give them opportunities to demonstrate this goodness.

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The Knife Fight

"Mrs. Blake! Mrs. Blake! Come quick! There's a bunch of boys, one has a knife and they are surrounding another boy! HURRY!!!!!" the screaming voice of the twelve-year-old girl went ringing through the halls. Beth was jolted out of concentration. She bolted from her chair, through her office door, leapt down the six steps that lead to her office and almost trampled the girl who was running to get her. In a calm yet rushed voice Beth asked the girl to explain the situation one more time. Upon hearing the story again Beth immediately knew who the boys were. She had an understanding of the history between them and knew that she had better get outside quickly.

Pushing the heavy wooden doors open, she was momentarily blinded by the afternoon sun. Beth looked to the sidewalk and saw a group of five teenage boys. She

quickly caught sight of the knife as the sun reflected off its blade. Four boys were circling the fifth. There was a group of students hanging around the outskirts of the circle in anticipation of the fight that was about to erupt. For a brief moment the awareness that Beth is a five foot 110 pound woman and that she was about to enter into a hostile situation with five 14-15 year old boys slipped into her mind. But she was the only adult around and something needed to be done.

Beth quickly strode down the school steps and broke into the middle of the circle. She positioned herself in front of the boy with the knife and in a matter-of-fact voice said to him, "Now Donald, how kind is that to threaten your fellow student with a knife? I don't think that it is kind at all. I'll just take that knife right now please. You're not being very kind at all, are you Donald?" obediently Donald handed over the knife. "Okay boys, we're going to have to go inside. I know that you could just as easily turn and run, I can't carry you in, but I know that you will make the right decision and come inside with me. We are going to do what we have to do and make the necessary phone calls to the authorities." Beth headed back inside the school and in silent single file, the five boys followed. A hushed murmur of disappointment fell over the crowd. There would be no exciting fight to gossip about tomorrow.

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Every day that Beth arrives at school, she enters into a world that is very foreign from where she comes. Although Beth has experienced personal struggles in her life she has never wondered from where her next meal would come. She has not doubted that she would be safe at home at night. She has not experienced being jolted out of her sleep by

the sound of sirens and police banging at her door. She and her husband share a life of friendship, support, love and passion. "He is my best friend", states Beth with frequent regularity. They enjoy financial security that offers them the ability to live in a beautiful home and safe neighbourhood.

The dichotomy between home and work makes Beth appreciate her good fortune all the more. As a result of being a teacher she has developed an increased appreciation for her life and family. Being a teacher helps to keep Beth grounded in what is important for her life. Every evening as she heads home from work and as her house comes into view she says a quiet thank-you and reminds herself to be appreciative. And every morning when she wakes up and begins to get ready for another day at school she says another thank-you for the gift of being a teacher.

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Hallway Learning

Beth, two kindergarten boys and myself are all sitting crossed-legged on the carpeted portion of the floor. It is first period and this is the time that Beth works with them on their reading. Usually a classroom is available but today it was booked so the hallway became the learning environment. I sit a few feet away and take quick notes as I observe Beth with the children. She has one sitting on each side of her with the book opened up wide and perched on her lap. Every few minutes one of the boys seems to inch away only to be scooped back in by one of Beth's arms reaching around and sliding him back over. "How can you read if you can't even see the book?" she asks with a laugh. The boys giggle and the reading resumes. Beth does most of the reading and has both

boys follow along with their fingers, touching each word as she reads. Sometimes she turns the book upside down only to receive gales of laughter as the boys point out her mistake. Sometimes she stops and asks them to explain what's going on in the story. Every once in a while she struggles with a word and pleads for their help to get it right.

When the story is finished they quickly move to the next exercise, a game! The boys are thrilled at the prospect of playing one of their favourite games and hurry to get the board out and the pieces in the right spots. As the game gets started Beth reminds the boys about proper game etiquette. One at a time, roll the die, do NOT throw it, take turns, if the other guy's piece is far away move it for him, say please and thank you...the game gets under way.

My pen drops to my side and my notebook slides off my lap. The excitement that the children have for the game is contagious and I find myself immersed in it. As I watch the children play I can't help but notice the subtle ways that Beth interacts with them. She praises their politeness when they use the right words, encourages cooperation by having them move each other's pieces and help count out the spaces on the board, and uses a calming voice and gentle hand to settle down eagerness that is about to go overboard. A group of grade sixes walks by on their way to gym class and Beth thanks them for walking in single file and not disturbing the classes with loud voices.

It seems like no action goes unnoticed, no effort ignored. All moments are used as "teachable".

The game comes to its end and Donny throws his head back with laughter as he finishes first. He is thrilled with his victory. Sam is not. Losing is not fun and his scowl

shows it. Beth congratulates Donny on his win and consoles Sam on his loss. The moment of winning and losing has escaped and the thrill of playing is once again upon them. Beth checks her watch and nods her okay. There is still some time before the bell; maybe she will play this time too.

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If there is one thing that Beth is especially passionate about it is that every child who enters into her school will be given the opportunity to learn. She firmly believes that all children have the capacity to learn and that as an educator it is her responsibility to find ways to help them to learn. On the far wall in her office she has a huge poster that reads, "If children can't learn the way that we teach, then we must teach the way that they can learn." The words are large cardboard cut outs and positioned across a big, red apple. It is a good summary of Beth's motto for teaching.

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John Goes AWOL

It has been three days since anyone has seen John. He was implicated in a recent neighbourhood crime and vanished the day after. Beth has been feeling down since she found out. John is one of those kids who are on the edge. Pressure to join a gang is strong for John, and yet it is easy to see that he has a kind heart and a genuine interest for school. Beth knows that if she can just help to get him through the next couple of years he could truly have a chance of making something of himself. Beth also knows that she is only one variable in a whole group, and that many factors influence John's decisions.

It is three thirty on a Thursday afternoon. The halls are quiet and Beth is trying to finish up some paperwork for her morning meeting. Her door slides open with a crrrrreeeekkkk that startles her from her work. She looks up to see John standing sheepishly in her doorway. He has a hard time making his eyes meet hers as he asks if he can come in. In Beth's usual fashion she smiles warmly and invites him to sit in the big, old leather armchair that sits in the corner by the window. John does so and as he sinks into the comfort of the chair it's as if his whole body melts into it. It is clear that he hasn't slept or eaten much in the last few days. The fatigue is etched into his face. Before Beth can ask why he has come, he pulls from his back pocket some folded loose-leaf papers and hands them to her. "It's my homework. I didn't want to be late with my homework."

Beth tries to suppress the lump that is forming in her throat, takes the papers from John and expresses how proud she is of him for doing his homework. Without any spoken words there is the understanding that Beth must now phone the police. John seems to relax as the call is made. They then wait together, enjoying the comfort of not being alone.

****

Since becoming a teacher Beth has always felt a strong connection to the teaching profession. It's like putting on a favourite pair of jeans, the profession fits Beth perfectly and she it. Being a teacher is engrained into her sense of self and personal identity. It is hard for Beth to imagine being anything but a teacher.

The connection that Beth feels for the profession is derived from the connection that she feels to the children and to the larger community of professionals with whom she works. Having a job that requires such a degree of personal involvement can give great joy but it can also cause great pain. Beth rejoices when her students do well but also feels the pain when they struggle. Throughout the good and bad Beth grounds herself by focusing on what she can do to make each day a little bit better for her students.

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The Gorilla got me AGAIN!

We are sitting in Beth's office and she is sharing with me stories of her life as a teacher when we are quietly interrupted by a soft knock at the door. "Come on in!" yells Beth. Slowly the door swings open and in steps Tommy. Tears are rolling down his dirty face leaving trails on his cheeks from his eyes to his chin. His thin, six year old body draped in dirty jeans and t-shirt stands shyly at the door. His little shoulders shake with each new wave of tears as the big, blue bump takes shape on his forehead.

"Tommy! What happened?" exclaims Beth. In two big steps she is out of her chair and kneeling in front of Tommy, fingers gingerly touching the bump.

"I.....fe:..fe...fell...o....o...off....of the GORILLA!!!!!" the words force their way out in shaky desperation as he falls into her arms for a hug. Beth's head cocks to the side, a grin spreading over her lips, "The gorilla gotcha again?" Beth laughs, Tommy grins and hops into the big, comfy armchair. The gorilla is a huge concrete creation that sits majestically at the entrance of the playground. A genuine favourite of all ages and a true climbing challenge, it never fails that a sudden slip and off you go with a big THUD on

the ground! The gorilla's shoulders and back have the paint worn away from where numerous feet and bums have climbed on and slid off. Unfortunately, on this day Tommy wasn't as skilled as he usually is and paid a little too much attention showing off instead of sliding off. He met the ground with his head instead of his feet!

Beth gets Tommy settled in the armchair with a juice-box before she notices the second bruise; about a loonie in size, sitting square on his cheekbone, parallel to his ear, below the outside corner of his left eye. "Say Tommy, is that bruise on your cheek from your fall off of the gorilla too?" Beth asks casually. Tommy's eyes dart to the ground and his attention focuses on the juice-box. Beth reaches for a hand mirror that is resting on the radiator and holds it for Tommy to look into as she crouches beside him. "See, here, on your cheek, this bruise here Tommy, where did that one come from?" Tommy lifts his head and looks into the mirror. A silence settles over the room as we wait for his answer. In a tiny whisper he manages the words, "It's a secret."

"A secret?" asks Beth. "Yup," Tommy nods his head, "I was told that it's a secret and not to tell how I got it." He offers matter-of-factly. The tears have now dried up and he starts to wiggle his feet in restlessness. "Okay Tommy, how about a cookie with that juice? I bet that if we ask Mrs. Johnson really nicely she could find us one." Beth ushers Tommy out of the office and over to the secretary's desk. Magically cookies appear. Beth asks Tommy to sit in the chair by Mrs. Johnson's desk while he's eating his cookies and to wait for her there.

She comes back into the office, closes the door behind her and heads straight for the phone. I look at her inquisitively and she explains that she is calling child welfare.

Our conversation is interrupted as a voice comes through on the other end of the phone. Beth explains the details of her interaction with Tommy and is assured that a police officer and child-care worker will be at the school within the hour. After she hangs up she explains to me that as soon as Tommy said that his bruise was a "secret" she knew not to pursue any more questioning. She would never want to be accused of leading a child or helping them with their "story". Beth has become well acquainted with child abuse cases and knows the problems that can arise if a child is questioned without the proper authorities in place.

Beth then agrees to let Tommy go back to class but instructs his teacher that she will be coming back for him within the hour.

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Although Beth tries hard to focus on the positive she knows that many negative and difficult situations occur for her students every single day. She is comforted in knowing that she tries everything that she can do to make a difference and accepts that there will be times when she cannot help. Instead of anxiously dwelling on what she cannot change, Beth puts her energy into figuring out what she can.

A favourite way of helping children is to help them to discover and develop their own coping strategies. Beth will discuss hypothetical situations and ask the children how they could handle them. For example, if a child were in trouble where would they go? Do they know that person's phone number? Do they know how to get to their house? Do they know how to call 911? What else could they do, in the moment, to help themselves? She will sometimes even role-play with students to get them to actively practice making smart

decisions. When all else fails Beth knows that sometimes all she can do is offer a safe place for kids to talk about what their struggles.

When dealing with difficulty, no matter the situation, Beth focuses on looking for the exceptions. What could be positive? Where can a difference be made? Where should attention be focused in order to get the best possible outcome? She does not accept that there is nothing that can be done. Even just listening is doing something. And so Beth spends a lot of time trying to find out what that something is and doing it.

The work that Beth does can be extremely rewarding, but it can also be pretty exhausting. In order to prevent herself from being burned out by her chosen profession Beth maintains strong relationships with family, friends, and God. She makes sure to nurture herself in her life outside of work so that she can be nurturing while doing her work. A favourite expression of Beth's is, "If at the end of the day you go home feeling like a raisin, you had better do something over the course of the evening to make sure that you wake up feeling like a grape!" Although she loves the work that she does, she respects the need for a life outside of work.

This is a second marriage for Beth. When describing her relationship with her husband it is common to hear Beth say that he is her best friend, her partner in every sense of the word. He helps her to remain grounded in both life and work. Although they both have hectic work schedules, they nurture their relationship by being intentional about making room for the relationship. For example, dinnertime is a scared time for Beth and her husband. No matter what time they both get home, they know that they will share dinner together. It is not a time to quickly pop something into the microwave and shove it

down while going through the day's mail. It is a time to dim the lights, turn on some soft music, pour a glass of wine, begin with appetizers and then enjoy a meal together. It is a time of re-connecting and winding down that they rely on to help keep them close.

Beth's children are an equally important part of her personal life. She is the proud mother of two sons in their early twenties. Although Beth had always known that she wanted to one day be a school principal, she knew that it would not occur until her children were out of secondary school. Her primary role is as a parent, followed by her role as a teacher. Her responsibility to her children always came, and continues to come, before her responsibility to her profession. Although her sons are grown, Beth still enjoys quietly slipping into their rooms at night to silently watch as they sleep. She is still amazed at the gift of her children and forever thankful for the privilege of being their mother.

With respect to friends and colleagues, Beth makes sure to surround herself with upbeat, positive people. She is very candid in saying, "If you surround yourself with turkeys there is no way that you will ever be able to soar with eagles." She feels extremely fortunate for the people that she gets to work with every day. According to Beth, her school community is a nurturing environment for the staff as well as for the students. Beth feels a strong sense of connectedness and collaboration with her staff and recognizes the value in a supportive work environment.

Beth's relationship with God is the place from which she draws the most strength. She is grounded in her trust and belief in Him. Her faith is what gives her strength in times of tragedy, comfort in times of sorrow and hope in times of fear. Beth is grounded

in the belief that there is a larger plan, a purpose, and a sense of meaning in everything that happens. According to Beth's belief system, everything happens for a reason and she feels passionate about the need to learn and grow from *all* experiences. Although suffering is a reality of life being suffocated by the suffering is not. Beth believes that within all situations lies choice. Her choice is to use difficult life situations as opportunities for growth.

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Mom Gets Diagnosed with Alzheimer's

A few years ago Beth went through the terrible struggle of walking with her mother through her death from Alzheimer's. "The early stages are easy," explains Beth, "the forgetfulness, the memory lapses, the things that are portrayed in movies...that stuff is easy to get through. It's the later stages that are horrible. Looking into her eyes and seeing no sense of recognition. Knowing that she is not safe if left alone so agreeing to have her tied to the bed. Seeing the fear in her eyes because she doesn't recognize anyone that is surrounding her. And then experiencing those brief flashes of knowing, where she looks at you the way she has for fifty years, with that smile in her eyes and slight grin on her lips, and then watching it disappear as quickly as it appeared and seeing the emptiness return. Knowing that somewhere inside her, Mom still exists. Knowing that no matter what you do, she will continue to slip farther and farther away. Yet hoping that those brief seconds of recognition will somehow last."

Beth was involved in her mother's death from Alzheimer's from the very beginning to the very end and names it as one of the most important experiences of her

life. As a result of her mother's illness, Beth became the first chairperson of the Family Council for the McConnell Place North Alzheimer's Care Centre. The centre was the first of its kind in Canada and Beth's mom was the first resident. Beth's goal for the council was to provide information and support for other families who were living with Alzheimer's. Beth explained that she deals best with adversity by having information. When she knows what she is facing, when she knows what to expect she is able to prepare for it. Not knowing leaves her feeling vulnerable and powerless. Through the council Beth could provide other people with the knowledge that she lacked in order to better help them deal with Alzheimer's.

Helping others through the formation of the council helped Beth to find her own sense of meaning and purpose in her mother's illness. By sharing her story Beth was able to find meaning in her suffering.

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Beth's trust in God's plan allows her to experience difficult things as opportunities for growth and strength. Although she might not understand the plan, she trusts that there is one and that God is always walking with her as she makes her way through her journey of life. I asked Beth if she could ever imagine something that she could not get through. She paused for a brief second before confidently answering, "No." Not getting through things isn't an option. It is how you get through them that matters. According to Beth, a person can choose to be swallowed by a situation or to control it. A person can choose to stay stuck in sadness and self-pity or they can choose to

acknowledge the pain but focus on growing, learning and coming out on the other side a better and stronger person.

Although Beth is a firm believer in taking care of herself outside of work she also recognizes how fortunate she is that she has found a career that gives her such fulfillment. "Work rejuvenates me. When I'm having a bad day all that it takes is one child sharing something special with me. Sharing in one child's success, hearing from a teacher that her kids finally understand the math, getting that last bit of money that we needed for a new program, I am surrounded by success if I only remember to look for it." Beth is passionate about the need for people to feel a personal sense of connectedness to their chosen profession in order to avoid getting run down by it. "The minute I lose my passion for work is the minute I should be looking for a new career."

Hope

Beth experiences hope as a never giving up. "If you are struggling with helping a child to learn it is your job to explore and find new ways to help them to learn. You *never* just throw your hands in the air and say, 'I can't do this!' you search until you find a way to do it." Hope is about believing in the gifts that children possess and trusting in their inherent goodness. Hope is knowing that each child has something special within, and being committed to helping that specialness come out.

Hope also relates to vision, to having a vision in education and working towards making that vision become a reality. It is perseverance and strength, passion and commitment. Beth shares that she feels that she has strong hope, and I question as to how this came to be? Beth states that it has been her experiences of tragedy and her dealing

with adversity that she feels has helped to develop and strengthen her hope. Facing adversity, dealing with it and coming out on the other side a stronger person strengthens her belief that she can get through anything. This, in turn, strengthens her hope because she never feels powerless.

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Good-bye

Beth was thirty-one, a mother of two young sons and going through a divorce. This certainly wasn't the life that she had dreamed of. This wasn't supposed to happen. But there she was, right in the middle of it. There was bitterness, anger, hurt, sadness and pain. But above all else there was loss. In spite of the personal sense of loss Beth knew that her primary responsibility was to her children. "I could have chosen bitterness but what would that have done for me? What would that have done for my sons? Although the marriage was ending, my husband and I were forever going to be joint parents of these boys and needed to do right by them. The hopeful part was that we both shared the commitment to parenting."

Beth realized that she had choices, she could focus on the fact that the marriage had not worked but at what expense to herself and her sons? Or she could focus on making the parenting relationship work and take the small steps towards nurturing this new relationship with her ex-husband. "The steps were as basic as treating my ex-husband with respect, greeting him with a smile when he came to pick up the boys, making sure he was up-to-date on all of their school events, including him in important celebrations, showing the children that even though our commitment to the marriage did

not last, our commitment to them always would." Slowly but surely the bitterness faded, and today Beth and her ex-husband share a wonderful friendship.

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Hope is also about feeling connected, to self, others, nature and God. "I'm very self-reflective. I keep a journal. I talk to myself. I read a lot and think about what I am reading. I love to learn and to explore new insights in the teaching profession. My husband and friends laugh at me when we go on holidays because all of the reading material that I bring is related to education. But I truly love reading it!" Beth knows that when she feels low in energy, when she feels tired or irritable, it is harder for her to feel hopeful. She has found that when she's feeling this way it is helpful to acknowledge the feelings, accept them and then explore ways to move beyond them. "Feeling down is not going to get you anywhere but down. Enough is enough! What can I do to get out of the funk cause staying in it just isn't any fun."

Beth credits the important people in her life as being influential in nurturing her hope. Unconditional support that she receives from her husband and children is the backdrop for her hope. Relationships with colleagues provide strength and a safe environment to risk and grow as an educator. Beth specifically names her principal as someone who is good at sustaining her hope. Their strengths and weaknesses combine to make a good balance and unified administrative team. Friendships give her hope freedom. With fondness, Beth recollects long conversations with friends where discussions about interesting topics fuel her thought and rekindle her passion.

Beth lives in a neighbourhood where homes back on to a large man-made lake. As a result, she is able to view the water from every window in her home. Beth comments that her connection to nature, and specifically to the lake, engenders hope. The tranquility of the water on a warm summer evening, quietly watching as animals flock to it, or the stillness as soft snowflakes gently cascade over it in the winter somehow seems to rejuvenate her sense of hopefulness.

Upon entering Beth's home, one is immediately acquainted with her animals, one dog and two cats. The cats are elegant, Siamese-like beauties that quietly make their presence known. They alternate between peaceful times of leisure and exuberant bouts of play. If you sit for any amount of time you will surely be visited with a gentle nudge and imploring eyes because your lap looks like a good place for a nap.

From the moment your footsteps can be heard approaching the door you are introduced to her dog, Norton. His barks announcing your presence ring through the house and his excited 15-pound long-coat Chihuahua body eagerly awaits for you to open the door. Upon seeing him, it is a little difficult to determine which end is front and which is back, his endless white curls of fur engulf him and his tireless excitement has him running to play. He can most often be found safely tucked under Beth's arm accompanying her wherever she goes. Or happily nestled in the crook of her knees as she quietly reads by the fire or visits with friends.

Beth's animals have a profound influence on her hope. "These are my babies." Knowing that they are always there, receiving their unconditional love and affection, knowing she can count on feeling needed and important to them seems to give her life a

different sense of meaning. There is no doubt that her animals love her and this affection is reciprocated ten-fold by Beth.

And then there is her relationship with God. He never seems far away when talking with Beth. "Hope is knowing that I'm not alone because God is always with me." Beth is very grounded in her spirituality. It is this sense of connectedness with God that seems to help her to look at the world through hopeful eyes. It seems that in those times when it feels like there is barely anything that she can do, those times when she really doesn't understand why something is happening and struggles to find the meaning, that her ability to fall back on her relationship with God helps to get her through. Trusting in Him allows her to stop asking why and to accept and move on.

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When my Retina Detached

It was November 4th 1998. Beth noticed that her eyes felt weird and decided to have them checked out, only to be told that her retinas were in the process of detaching and she would need surgery immediately. When Beth explained that the surgery would be fine but that she had some things to do first she was told that within the hour she would be blind if something was not done. Needless to say, she soon found herself in surgery. Her right eye could be fixed with some simple lasering but her left eye needed major surgery. Once out of the operating room she was faced with a long healing process. "I was three months out of school. I now have a buckle in my left eye to hold it together. For 21 days I had to lie on my stomach, face down in this special contraption to allow my eyes to heal. I was allowed one hour per day where I could sit up. And yet the hopeful

part was that I got that one hour each day. It was something to look forward to, something to keep me going."

The thought of losing her eyesight seemed like something extremely traumatic, so much of what she does requires her vision, and yet she describes the experience as a very hopeful time, "There were lots of prayers, but I knew that it was in His hands. So I didn't spend the time fretting because I knew that even if the surgery was not successful He would have a plan for me, so either way I was safe. Either way, I would cope." Even in that situation, where she seemed virtually helpless to do anything, Beth refused to get overwhelmed. There was nothing that she could do about the retinas almost detaching, but what she could do was follow the post-operative regime. And she could pray, and she could trust that regardless of how the situation turned out, with God's help, she would find a way to cope.

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Hope and Helping

With respect to the role that hope plays in education, Beth says that it is in the looking for solutions. Hope rests at the heart of Beth's belief that schools and educators should be focused on helping all children succeed, and believing that it is possible for all children to succeed, given the right tools and guidance. Hopeful educators remember to notice the gifts that children possess, to bring to light their potential instead of focusing on their weaknesses. Hopeful educators celebrate the mini-successes of their students, and work to make all experiences teachable moments. "You could read an entire page that a student has written and it is possible that there isn't a single word on that whole page that

is spelled correctly. But I bet that somewhere on that page is the greatest, most perfect B ever written!" Beth believes that hopeful teachers treat students with respect and by doing so ensure that students' integrity remains intact.

Beth shared a story of having to go into a classroom and look for head lice. There was one child in particular that she needed to check but instead of singling him out, she made a point of checking lots of kids' hair. She made a game out of it and let them check her hair too. When she left she had accomplished her mission and while doing so she managed to ensure that no child was left with bad feelings.

Beth recognises that maintaining a personal sense of hopefulness is important but also knows that finding a way to engender and nurture it is her students is part of her role as an educator. When asked how she goes about creating hope in her students, Beth states that it is through spending time with them. She tries to make time to connect with all of the students in her school at a personal and individual level. When she can single out students with additional needs she makes extra time to work with them. Beth knows that all students encounter difficult situations, however the students at her school represent a more at-risk population then in many other schools, therefore, their needs tend to be even higher. For example, Beth knows that the pressure to join gangs or to experiment with sex is strong and that supportive adult relationships can be scarce. Children often lack an adult presence in their life that they can rely on to help with decisions regarding difficult choices. Beth tries to be that adult presence.

She will openly talk about these situations with her students. Brainstorm ways that they could handle them. Role-play events in order to have the students actively practice

saying the words and making the decisions. She tries to help the students develop their own sense of self and decision-making capabilities. She tries to create a personal belief system that tells the students that they can handle difficulty; that they can make good decisions and cope with the repercussions. When students have dealt with a situation well, Beth celebrates their success and explores what it is that the students did in order to be successful. She hopes that by pointing out their coping skills students will develop increased self-confidence, which will help them to use these skills again in the future.

Beth in a firm believer that it is the consistent little things that a person does that allows others to know that they care. It is telling a child that you like their new shirt or noticed their new haircut. It is peeking in on a class to tell them how much you love their hallway art display. It is learning each child's name and then using it every time you see them. It is acknowledging their presence and the unique gifts that they have to share.

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Thank you For Liking Me

It was the last week of school. Classes were finished and Beth was cleaning some things out of her office. She had the boxes stacked by her car and was just about to start loading them when two teenage boys appeared. They had a reputation for being real bad-asses on the street. Tough kids involved with drugs. "Hey Mrs. Blake. Can we help you carry your boxes?" they hollered in unison. "You betcha boys! Pick them up and start loading them into the van." Beth answered with a smile. Although Beth knew their street reputation, she didn't hesitate accepting their help.

Beth was quietly humming to herself as she rearranged one of the boxes. Without warning she felt a tap on her shoulder. Turning around she was embraced in a hug. The boy was much larger than Beth and his arms engulfed her. Smiling sheepishly he softly said, "Thank you for liking me." Words could not squeeze past the lump in her throat. Luckily, none were necessary. They hugged a little tighter and then went back to their work of loading the van.

Even as Beth shares the story with me tears form in her eyes and her voice catches as she repeats the phrase, "Thank you for liking me." That one small moment reminds Beth that most times all that is required is for people to know that you like them, the rest can then fall into place.

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In discussing hope and, specifically, hope and education, Beth shares with me that sometimes engendering hope in students is not what is required. Protecting existing hope from being harmed is what educators should focus on. Beth explains that one of the easiest and most powerful ways to destroy hope is through the thoughtless use of language. She states that children are extremely intuitive. They know when someone is being phoney; therefore teachers need to be genuine. They need to gain the trust and respect of students by being trustworthy and respectful. Keeping harmful language out of a teacher's vocabulary requires focused attention and intentionality on the part of the teacher. Using respectful language is a basic way of protecting students' hope and Beth feels that it should be mandatory for all teachers to do so.

A second way to damage students' hope is to quit caring. "Quit caring. Quit trying. Blame. Focus on the negative. Accept excuses. De-value them. Disrespect them. Show impatience and intolerance. Basically, just quit caring and make sure that you show that you don't care."

Basically, engendering and supporting hope in children is about making meaningful connections with them. It requires that you care and that you show you care, on a regular basis. Hope is communicated through words and actions, and is often found in the everyday little things that people often take for granted. It is remembering a child's name, kneeling so that you can speak to them at their eye level, telling them that you like their shirt and meaning it. Developing hope is not a one-shot deal; it is a continual process of entering into caring relationships with children.

The Case of the Coach: Don

"A Coach is someone who makes you do what you don't want to do
and has you see what you don't want to see,
so that you can be everything you always wanted to be."

Tom Landry of the Dallas Cowboys

Coaching is a profession of emotional ups and downs. It can be overwhelming how many different and conflicting emotions a coach can feel in the span of seconds. One minute your team is winning and before you know it, things unravel before of you. You feel helpless to stop the bleeding. It can be intense and full of passion, as easily as it can be devastating and heartbreaking. The joy that can come with success, with victory, can be so pure. The satisfaction of knowing that you have helped athletes achieve their goals, that you have been a positive influence in their lives, is immeasurable. The addictive part of coaching is that there is always one more game, one more rival, and one more championship to strive for.

This case begins with a story about a men's college basketball coach. He is one of the most passionate coaches I have ever met. The story starts with a story of a game. This game never actually took place; it is a description of many possible games that take place every day, in every gym, all over the country. It is a small glimpse into the world of coaching and is told from the perspective of the coach.

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The buzzer screams. The crowd quiets. The tension is palpable. All twelve sets of eyes stare at Coach Gilpin as he finishes drawing out the play and explaining the strategy. I can feel my palms clamming up and wipe them hard on my pants. My heart is

racing but I force myself to appear calm and confident. The boys need to see that their coaches are unwavering in their belief that we will win this game, they certainly don't need to see me nervous and sweating.

Slowly, purposefully, the sweat-drenched athletes leave the huddle and take their positions on the floor. They stare down their opponents in a methodical fashion, like lions circling their prey before the kill, aware that the next few seconds of play will decide their fate, knowing that they have a job to do and that the slightest error in judgement could tip the scales in their opponents' favour. I can feel my heart race and almost jump out of my seat as the referee blows his whistle initiating play.

I glance at the clock, 8.2 seconds left. Double overtime. The game is tied at 114. The winners will move on to the conference final against the awaiting Sir William's College Warriors and a shot at the title. For the losers, the season will end and they will have five long months in the off-season to replay this game hundreds of times over, to remember the excitement of coming so close and the devastation of not coming close enough.

St. Joseph's College will inbound the ball. Our boys are set up in a full court man press. They have strict orders not to foul but at the same time we can't let St. Joe's get a good shot off. Our defence must be perfect. I glance down our bench. The Saint's boys are all on one knee, arms draped around each other forming a solid wall, gripping one another tightly, willing their team-mates on the court on to victory. Head Coach Gilpin is standing at the front of the bench, arms crossed, face tense with concentration, his 6'5" frame a statue of intensity. I lean forward and rest my elbows on my knees. Defence is my

specialty. I have been grilling these boys all season long, pushing them to their limits, forcing them to perform beyond their expectations, now is the moment of justice, will the hard work pay off?

As the referee hands the St. Joe's player the basketball the boys on the bench start to chant, "defence". It catches like wild fire and soon the entire gym is booming with the word, "DEFENCE! DEFENCE! DEFENCE!" The crowd claps and stomps their feet as they yell. For me, everything slowly fades away and soon there is nothing but the game. I don't hear the chanting. I don't see the crowd. I barely even notice my own breathing. All that I am aware of are the athletes on the floor and the game in which they are immersed.

The in-bounder searches for an open man. Their point guard and captain, #22 Eddie Prince, makes a quick move on our defender, #13 Don Ramsey. Prince gets open and receives the pass. The clock starts its countdown. Ramsey scrambles to get back on defence. Prince lunges towards the three-point line with Ramsey in hot pursuit. Prince drives the lane right into the massive 6'7" body of Saint's post player, #44 Matt Henry, who has stepped up to block his path, "Yes Matt! Great help-side defence!" I silently praise. The clock is down to three seconds. I am quickly reminded that Prince is not only their point-guard and captain, he is also a two-time All-Canadian who is not easily shaken. In a split-second decision he dishes the ball to the awaiting post player that Henry had to leave....one second....the post squares himself to the basket and powerfully extends up through his lay-up. The buzzer sounds as the ball is spinning in the rim and then silently falls through the mesh.

The St. Joe's bench pours out onto the floor in a race to congratulate the on-court players. They tumble on top of each other in a huge victory pile-up. The Saint's boys are standing, feet glued to the floor, looks of disbelief and despair paralyzing their faces. Ramsey drops to his knees, tears streaming down his cheeks, hands clasped over his eyes. He got beat. His only task was to keep the ball out of Prince's hands, and he got beat. Slowly they make their way back to the bench. Big Matt Henry walks over to Ramsey and hauls him up off the floor. With a stern look he whispers something into his teammate's ear, wraps him in a bear hug and then walks him off the court.

Coach Gilpin walks over to congratulate the St. Joe's coaches and to wish them luck for their conference final. I finally allow myself to exhale, unaware that I had been holding my breath, and make my way through our bench, shaking boys' hands, slapping backs and doing my best to come up with some words of encouragement. We played our hearts out. We left everything on the court. Tonight just wasn't our night. Even though I am devastated by the loss the overriding feeling that flows through me is one of pride and I try to stop and cherish the moment, even if only for a split second. This group of boys....young men.... will never again play as a team together. Veterans will graduate, rookies will take their places and wear their uniforms, and a new team will emerge. With new hopes and new dreams and new visions. So today, I remember to take the time to appreciate this team, The Saint's University College men's basketball team of 2000-2001.

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Becoming a Coach

Don is the assistant coach of a University College men's basketball team and one

of the most passionate basketball fanatics that I have ever met. He began his coaching career 15 years ago when he got his first head coaching position at a large high school in a mid-sized Ontario city, but his love for the game started at a much earlier age.

Jamaican parents raised Don as a second child of four boys in a middle-class neighbourhood in the same city where he eventually became a coach. Neither of his parents took much interest in basketball, "My Dad was an athlete in high school but it was a different type of grammar school. He was in the Caribbean and he was a soccer player and a cricket player so…the kinds of sports we were interested in he wasn't really that interested in…but he was supportive of what we were doing. My Mom thought that athletics took away from academics…to my mother reading was a sport."

Don turned to his coaches for support and guidance and, in looking back, can see how influential they were in his life. "Jack A. and Pat M. were the two Phys. Ed teachers at my high school and you know those are the, those are the guys that really fostered the whole concept of team work, team play and making a success out of your life." As a young teenager Don grew up in a neighbourhood where his was the only black family. A bit of a loner in school, he struggled socially and found solace in team sports. It was through sports that Don discovered a sense of belonging, where he learned leadership skills and found a nurturing place to grow and mature.

"It was very difficult back in the 70's. We were the only black family in a completely white neighbourhood. It was very, very difficult. My Phys Ed teacher, Jack A. was my senior boys basketball coach and was a very pivotal figure in my life. He introduced athletics and team play to me, he also introduced how to coach with

humour…what to do to get the best results out of kids…he had a profound impact on my life."

After graduating from high school Don went on to complete a Bachelor of Arts degree at a large university about an hour away from his hometown. He frequently made trips home on weekends to watch his younger brother's basketball games. His keen interest and passion for the game made him a valuable asset and soon he found himself sitting on the bench and helping out the coach whenever possible.

Following his university career Don made his way into the military and became a trumpet player in the military band. Next to coaching, trumpet playing is Don's passion and talent. He was posted on Vancouver Island, British Columbia. As fate would have it, it was here that he met and married his future wife who had friends in the basketball community. Don got to know a local high school boys' basketball head coach who encouraged him to continue to pursue his dream of coaching.

In 1987 he and his wife received a new post, they were to return to Dan's hometown. Upon his return Don reunited with his old high school Phys Ed teachers and shared his interest in assistant coaching the senior boys' basketball team. Unfortunately, the senior boys team did not have any more room for another coach, instead Don was offered the head coaching position of the junior boys' team. Nervous to accept his first head coaching position with limited experience under his belt, Don hesitantly accepted the position and thus began his thirteen-year journey as the head coach of the high school's junior boys' basketball team.

Over the course of his years of coaching high school basketball, Don's passion for

coaching grew into a fire, igniting his dream of one day coaching college or university.

In the spring of 2000 Don was presented with the opportunity to move back to Western Canada. Financially it was a wise decision, so he and his wife uprooted their four children and made the cross-country trek to. Hoping to continue his coaching career, Don contacted the head coach of the local university's men's basketball team and offered his services. Although neither the men's or women's teams had room on their coaching staffs for Don, the coach did know of a man who was a "one-man-show" at a local college across town. The coach's name was Andy Gilpin. He was the athletic director and head coach of the men's basketball team at The Saint's University College (TSUC). Don contacted Coach Gilpin and set up a meeting for the day after Don arrived.

In the summer of 2002, Don finished his second season as the assistant coach of the men's team at Saint's. Unbeknownst to Don at the time of his hiring, Saint's is a Christian college with its roots grounded in the Christian reform philosophy. Don has a strong Christian faith commitment of his own and sees his coming to Saint's as God's plan in action, "Everything fell into place. It's a Christian environment, which I never really had a chance to coach in. I work for a nice guy…the environment is perfect for me to learn, it's five minutes from my house…I don't think that I could be in a better situation that I am here at Saint's."

With his sights set on a head coaching position, Don is in the process of mastering the NCCP coaching certification process and is branching out in the province's coaching community. He has experience coaching the provincial juvenile boys team and continues to pursue a head coaching position.

Being a Coach

When I ask Don to describe what it feels like to be a coach he is at a loss for words. "Indescribable" is the best that he can come up with. "It's a high. I don't feel anymore alive then when I am sitting on a bench during a game. And the second best feeling is when I am running a practice. It's the most unique feeling I've ever had." For Don, coaching is an all-consuming process. Even when he is sitting in church his mind wanders to basketball. "There is not one moment that doesn't go by that I don't think about basketball."

Don states that basketball is pre-emminent in his life. It is his number one driving force, his passion, his love, his sense of purpose and meaning in life. His identity and sense of self are directly tied to his being a coach. "It is the most important thing in my life. I love to coach."

When asked to explain *what* it is about coaching that he finds so appealing, Don offers three things: power and control, process, and making a connection with the kids.

Power and control.

Don has a strong awareness of the power that coaches possess. For many athletes, playing a sport is an integral part of their lives and the coach holds the key to their athletic careers. Coaches decide who makes the team and who gets cut. They decide who plays and who rides the bench. They control practices, off-season training and dry-land training. They call timeouts and make substitutions. They can boost an athlete's confidence with one small comment and destroy it just as quickly. They tell athletes what to do, when to do it and how to do it, and if athletes disagree they quickly learn how short-lived an

athletic career can be.

Don differentiates coaching basketball from other sports in terms of the amount of control that a coach can have. "The best sport I ever played was hockey and I wasn't too bad at basketball. I've coached hockey and I've coached basketball; the feeling of controlling the game that I get as a basketball coach I don't, I can't get anywhere else, in any other sport."

Process of coaching.

Over the past 15 years Don has been a coach of teams that have enjoyed great success and those that have barely been able to scrape together one win, however, it is not the record that matters most to him. Don is adamant that it is not whether or not a team wins, but how they go about playing the game and preparing for the game that counts. Work ethic, commitment, determination and heart are virtues that Don places above talent and skill, virtues that he looks for in the kids who he chooses for his teams. "I've never had phenomenal athletes. It's the kids who work hard and take instruction that are successful."

Some of Don's best coaching memories and most proud moments are of being able to take a weak-skilled group of kids and turn them into a competitive basketball team. For him, the challenge is about getting athletes to perform beyond their expectations, to get them to strive for higher goals, to reach beyond their limits and become the best that they can be, whatever "best" might be for them. Don thrives on helping athletes to believe in themselves and then to turn that belief into action.

Don shares a story of one such team; a team that wasn't supposed to go anywhere

and then surpassed everyone's expectations....

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Beating Bay Ridge

It was 1993-1994. We had a four man who couldn't jump, a grade ten kid on the bench who had some decent moves and that was about it. We weren't anybody special and no one expected anything from us. We started with nothing that year.

I went into that first practice knowing that I had a long road ahead of me, but came out feeling a little more hopeful. After that first practice I turned to my assistant coach and said, "Peter, we might actually have something special here." I have never seen kids attack a practice with the kind of work ethic that these kids had. Never. You know, you have an hour and a half for practice and there are some teams where you look at the clock and only fifteen minutes has passed and you know that it is going to be a long day. But with these kids practice time flew by! If we were lucky we would get the late practice time and then we could keep them an extra half an hour cause the club teams didn't come in until 8:00 pm. I would have to drag those kids off the floor; they just wanted so badly to get better.

In January of that we year we entered into the Bell Mobility Junior Boys Tournament. It is the largest junior boys tournament in Ontario. Thirty-two teams enter. We start off winning our first two games, get to the top four and find ourselves facing Bay Ridge High School in the semi-finals. Bay Ridge is another local team, about forty-five minutes away from our school. They were our archrivals.

That year they were stacked. They had such talent throughout every position. Actually, after that year they went on to win three straight championships in a row. Peter and I had a chance to watch them in their quarterfinal game. They were definitely better basketball players but we thought that we had more quickness and experience; there was hope that we could pull off a win.

So it's a Saturday night, and we are playing in front of a full house. Our boys start out a bit nervous but as soon as the game gets underway the adrenaline kicks in and it's nothing but basketball. The game is close. They take a ten-point lead in the third quarter and then we stop them six straight trips in a row, but we just couldn't score! So I call a timeout and I appeal to their pride. I say that we need to step up our defence. We proceed to shut them down for the rest of that second half; I think that they scored about four more points in total. We ended up losing that game by five. Five lousy points!

I went away from that game mad. I knew that we could beat them. We ended up winning the bronze medal game but I left that tournament feeling unsettled. We needed to play Bay Ridge again. We needed to prove that we could do it.

We set up a game against them for the following week. Our boys were so pumped for that game. We were meeting them in our gym, playing them on our court; we definitely had the advantage.

We got blown out by eighteen points! We just got destroyed.

The season goes on and we end up finishing in second place and low and behold, we meet Bay Ridge again in the conference semi-finals. We played at a University on a neutral floor. The game was televised on a cable network and the papers were filled with

articles about Bay Ridge and how this could be the best team in the history of basketball in our city. I put the articles up in our team-room and said to the boys, "See, nobody thinks you can compete with these guys. Nobody thinks you can win."

We ended up winning by fifteen points. That is one of the best memories that I have of coaching. That team was out-skilled by almost everyone that we came up against. They weren't that talented but boy did they know how to work. We weren't expected to go anywhere and we ended up surpassing everyone's expectations just because they were willing to work.

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An integral part in believing in the process is setting both short and long term goals for athletes and keeping them focused on the goals. For example, his college team struggled this past season. Their win/loss record was heavily weighed down by losses. They were a young team with few veterans and limited leadership. It would have been easy for them to get discouraged and fall into the trap of despair. Don's solution was to keep reminding them of the fact that they were in the process of re-building. They were learning skills and developing as a team. They were part of building something for the future. Although in the short term they were struggling, they had to remember that in the long term their efforts would pay off. "This year we were always trying to tell them that what you're doing right now is you're learning, and to just keep learning and don't worry about the wins. To remember the process and to work hard now because you'll get some success later."

The learning process is one that Don feels he, as a coach, is going through as well.

For the first time in his life he has received some negative feedback about his style of coaching. Although upset by this feedback, Don chalked it up to experience and uses it as part of his continued development as a coach.

Above all else, the best thing about being a coach is the connection that Don makes with the kids that he coaches. He derives enormous satisfaction from helping them and knowing that he has made a positive impact in their lives. Even today Don continues to receive e-mails from guys that he coached five, ten and fifteen years ago. They keep him updated on where they have gone to university, what careers they are pursuing, if they have married and how many children they have. Don is as proud of their accomplishments that are related to basketball as he is of those that are not and he feels blessed to have been able to play a role in shaping who these athletes have become as adults, "…with all the kids that I coach I really give up a lot of my heart…I just hope that when I die they might say that I had a bit of an impact on them."

One athlete that made a particular impact on Don's life was named Darren. Don shares how Darren came into his life and, sadly, how he left it…

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Losing Darren

Recently I was reading the paper when I was stunned into disbelief. Darren Clarke had died in a car accident. He was nineteen years old. Nineteen years old. The tears started to roll down my cheeks and I felt paralysed to stop them. My mind slowly drifted back to the 1997-1998 season, the first time Darren walked into my life.

He was such a hothead! He thought that he was a better basketball player than he

really was and did not hesitate letting everyone know just how good he thought he was. Right from the start I thought about kicking him off of the team. He lacked respect for his fellow teammates and did not take instruction well. He was a constant problem and disrupted the cohesion of the team.

In December I finally made the decision to kick him off, the welfare of the team had to take precedence over the well fare of an individual athlete. The hardest part was that I knew that he was having a really difficult time at home; basketball was probably one of the only bright spots in his life. He never knew his father and his mother had just recently remarried. Darren's relationship with his stepfather, Dr. Clarke, was never very good. He became pretty rebellious, got kicked out of his house a few times. I made a point of calling him at least once a week just to see how he was doing. Whenever I would bump into him at school I would try to take the time to talk to him. It was important to me to show him that I held no animosity towards him. Even though he wasn't on the team, I still cared about him. I liked him and wanted to be a source of support if he ever needed me.

In February he came back to me. He told me that he had grown up and that he wanted to play basketball again. I am a firm believer in giving kids a chance to prove themselves, and Darren did prove himself. He came in with a whole new attitude. We became very close over the next couple of months.

He only played his grade ten and eleven years and then moved away for grades twelve and thirteen. I tried hard to keep in touch with him over the next couple of years. He was one of the first kids that I coached that really needed a coach figure to reach out to him. Reading about his death in the paper was devastating for me. He had finally

decided to go to university in the fall and had just become a Christian. I was kind of mad at God when he died. Why did I do all that work with him for him just to be taken like that? He was so full of life, had such potential; it just didn't make sense to me. I know that it's not my job to question God...but it was just really hard to understand.

His mom approached me at his funeral and said to me, "You did so much to turn my son's life around. You don't know how much you did for him." She told me that she felt that having basketball taken away from him was the turning point in his life. That was the first time that I realised how much of an impact that I had on somebody. I felt ashamed because he was the one who really did the work to turn his life around; I was just there helping him along the way. I hope that while he's up there in heaven that he will tell of the good things that I tried to do for him...I loved that kid so much.

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Don sees his coaching as part of God's plan for his life. It is through coaching that Don feels best able to witness God and to bring others into God's kingdom. He feels that he has been blessed with two God-given talents. The first is to play the trumpet and the second is to inspire kids. "Over the last 14 to 15 years I've realised that coaching is my calling. It's, it's the gift that God has given me. God gave me two gifts, one was an ability to play a musical instrument which is my number one gift, and I think the second gift he has given me is an ability to inspire young people to work hard."

In both music and basketball, Don is vehement about the need for solid instruction of the fundamentals. He credits good coaching for all of his success in life. "Well, everything that I do, where I've been a success, has been because I've had good

coaching…if I didn't have someone laying down the fundamentals for me as a trumpet player I would never be a good trumpet player." He feels the same way about basketball, which is why his teams excel at the fundamentals of the game.

In addition to focusing on fundamentals Don is passionate about work ethic. "Even when people talk about me and coaching they say, 'I can always count on any team coached by Don Staple that no-one's going to work harder, they might have more talent but nobody's going to work harder.'" Don feels strongly that athletes need and want strict instruction and clear boundaries. In his experience the majority of athletes thrive under these conditions. "I'm a tough guy coach. I always have been and I always will be. I'm a believer that kids crave discipline, the more discipline they have the better they play."

Although the positives that Don derives from coaching are large, the sacrifices that he makes are equally large. Coaching swallows up a lot of his time, and his marital and parental relationships suffer as a consequence. "I spend a lot of time with the kids at the expense of my own children and my wife." He is at practice every evening and at games every Friday and Saturday night. Road trips and tournaments take up weekends, watching game film and making practice plans eats up even more of his time. Add to that a full-time job and there isn't much time left over for his family. Don acknowledges that the support that he receives from his wife is paramount to the endurability of their marriage, he would be lost without it, "She's happy knowing that I'm happy doing what I love. She's very, very content in that and her support is vital to everything that I'm doing."

Recently his eldest son has been experiencing some difficulty as a result of Don's

absence. He has been having a hard time in school and with basketball. Don is aware that he needs to be a more visible influence and source of support in his son's life, and is determined to rearrange his schedule in order to make time to be there.

Another negative is the experience of heartbreak that occurs when kids let him down or don't try hard enough, "…it's heart-breaking for me when kids don't make an effort." Don becomes extremely personally invested in his work as a coach, each athlete matters to him. He is interested in their lives as basketball players, but also as students, sons, brothers, friends and boyfriends. Don tries to be available for them no matter what their needs, so when they don't try or they don't do their best, Don feels a sense of personal loss and upset.

In addition to teaching skills, a huge component of being a coach is the development of a strong team identity and work ethic; this is something that Don is very focused on at Saint's College. "I think that the problem at Saint's is that we've never defined what a Saint's player is, and slowly recruited that player and we need to do that. And for us to have some success we have to define what exactly is a Saint's player. What do we want that Saint's player to be like and so on. And then we've got to go out and find the players." Saint's College, with a student population under 600 and tuition that is hundreds of dollars higher than its sister colleges, struggles with recruiting. As a result, sometimes coaches just have to take whoever tries out, instead of being able to select players that they want, players that display the values and attributes that represent Saint's basketball. This makes it difficult to develop a cohesive team identity.

Regardless of the struggles and the drawbacks involved in being a coach, Don is

passionate and fully invested in his commitment to coaching. He is focused on finding a way to make coaching his full-time job so that he can truly follow his life's calling.

Hope

When first asked to think and talk about hope, Don was at a loss for words. It wasn't something that he had ever really thought about before. The one connection that he could easily make was that, for him, hope was related to faith. Don's fondest hope is that all people will turn back to Christianity and will re-connect with God. "Well, my fondest hope is that people will get back to their spiritual roots and will realise that they can't live in this world without Jesus Christ in their lives." The image that Don finds most hopeful is that of Jesus Christ on the cross, with arms outstretched. It provides Don with feelings of forgiveness and unconditional acceptance. "His arms will be open…waiting for you…and no matter what I've done, no matter what hurt I've caused…my family or anyone else, he will forgive me because he is in my heart." Don's sense of hopefulness is grounded in the belief that heaven awaits and that it is a good place, a better place than the one that he presently occupies on earth. He knows that his future is safe because it lies with God. His hope is solidified by believing that his life is guided by God's plan. He knows that his role, his responsibility, is to trust in this plan and to follow his life's calling; he knows that he is supposed to be a coach.

Don makes a differentiation between "hoping for" and "hopefulness". As Don sees it, "hoping for" tends to be related to specific acts that are goal or task oriented, for example hoping to get to practice on time, hoping to win a game, hoping for his kids to do well in school. Whereas "hopefulness" is a more general, all-encompassing state of

being that is both positive and realistic. It is a feeling or a way of being in the world that embodies all that a person does.

Don is also clear that hope involves process. He explains that hope is related to knowing that what he is doing today, the effort that he puts into his present life, will affect what he experiences in the future. He believes, that when a person embodies hopefulness, they believe that their efforts in the present will cause positive outcomes in the future, "…you're positive good will happen in the future…whatever you put into place right now you are going to get back some day in the future." Don acknowledges that life involves struggle and difficulty, but hope allows him to learn from the struggles and to believe that the future will be better.

In talking about these different qualities of hope, Don was asked to reflect upon what situations or events could possibly strengthen or weaken his hope. He named three areas of his life that can do both, these are: family, coaching and faith.

Family.

When things in his family life are stable and happy Don is better able to feel hopeful. A while back Don and his wife were experiencing financial struggles. The reality of having a family of six requires a certain degree of financial stability. When this stability is threatened and when his family suffers as a result, Don's hopefulness is weakened.

Don also recalls when his wife had a scare with cancer. At one point it was thought that she might have breast cancer. Luckily the biopsy results came back negative and they were able to breath a sigh of relief, but in the moments of doubt and not

knowing, in those days of waiting, the thoughts of losing his wife or having her suffer undermined his ability to be hopeful. Don's wife is a rock of stability and support for him, the threat to her health sent tiny cracks through this rock and through Don's hope.

Coaching.

Don feels most at home with himself when he is sitting on the sideline immersed in a game. Coaching is his place; it is what he knows and loves. The experience of teaching boys how to play basketball, watching them learn the skills, guiding them through a game is like nothing else for Don. His hopefulness grows every time he helps an individual athlete or a team reach their dreams.

The strong personal connection that Don feels for coaching helps to strengthen his hope, but also puts his hope at risk for if coaching were ever to be taken away Don would be lost. "You could take everything else away from me, but let me coach."

Faith.

Don has always felt a strong connection with his church community. This community provides Don with a place where he feels accepted and supported, a place where he feels a comforting sense of belonging. It is in church where Don is best able to feel hopeful, "Church is a high for me…church is a very hopeful time for me and I need that every Sunday to rejuvenate myself."

The power that church possesses to strengthen Don's hope can also work to destroy it. Because Don is so connected and grounded in his beliefs about God if anything occurred to challenge these beliefs his hope would be attacked. "Tell me that basically

that there is no God and that all of this is just....funk....[and that would destroy my hope.]"

Hope and Coaching

According to Don, the role of hope in coaching is primarily tied to how the coach interacts with the players. For hope to be visible in the realm of sport, a coach must model hope. This occurs when a coach displays a positive attitude that is focused on developing athletes' self-confidence. Coaches have to hold and then portray the belief that anything is possible as long as athletes are committed to making the sacrifices that are necessary to achieve their dreams. Coaches must explain that the path to athletic excellence takes time, that it is a process that involves hard work and dedication. Coaches are responsible for showing athletes *how* to move along the path and then athletes are responsible for *doing* what is necessary to achieve the "hows". "This year we were always trying to tell them that what you are doing right now is you're learning and to just keep learning and don't worry about the wins. To remember the process and to work hard now because you'll get some success later...and to give them a sense of hopefulness...there's some success down the road but you have to, you have to work hard right now."

Hopeful coaches need to model hope by maintaining positive, hopeful outlooks; by never giving up and never letting their players give up. They must believe in their athletes, and by doing so, they will teach their athletes to believe in themselves.

Don states that language is the tool through which a coach can strengthen or weaken an athlete's hope. To destroy their hope, all that a coach has to do is to repeatedly tell them, "...you're never going to account for anything...you're not as good as you

think you are…you're not good enough to play at this level." Words such as these will destroy confidence and deflate hope. Similarly, positive language, language that focuses on what athletes can do and highlights strengths that they do possess builds confidence and strengthens hope. "Always, always, always tell them that they are getting better and that they are doing well and that success is just around the corner."

Don makes strong connections between self-confidence and hope for athletes. It seems that it is easier for athletes to feel hopeful when they also feel self-confident and that the reciprocal is also true. The role of the coach is to build up their confidence and thus increase their hope. "My job is to instil confidence in them. To get them more confident so that they know that they can compete with anybody. That's my job."

Don continues to work towards his dream of becoming a university men's basketball head coach. He knows that there will be bumps in his road, that he will struggle in achieving his dream, but his unwavering belief that being a coach is his life's calling, that this is the path that God has chosen for him, strengthens his hope that his dream will come true.

The Case of the Counsellor: Danielle

"To touch the soul of another human being is to walk on holy ground."

Stephen Covey

Becoming a Psychologist

Walking into her office is like walking into a world of children. Their photographs are the first to jump out. Children at camp, children in the hospital, children with bald heads, children with their friends, but most of all, children smiling! Their artwork and letters overwhelm her bulletin board. The miniature table and chairs that are tucked neatly in the corner are ever so inviting, with their treasure of crayons and construction paper waiting for little fingers to make magical art. There are boxes full of beads, stickers, magic markers, glue, colouring books, paper cleaners and streamers, everything a creative soul might need.

Her bookshelves are crammed full with a multitude of children's literature. Some books for children to read, some for their parents to read, some for them to write in and some of a more professional nature for those who work with children. Scattered throughout the office are the animals. The glorious stuffed animals. Just in case someone is feeling particularly glum and needs a little cuddle for comfort. Her desk is covered with memos, files, research projects, and her e-mail light is forever flashing signalling the arrival of a new message.

Danielle is the child psychologist at renowned research based cancer hospital in Western Canada. The position was created for her nine years ago when she was fresh out of her doctoral program in educational psychology. Over those nine years she has made

the position her own and in doing so, has created something that is integral to the team of health care professionals whose mission is to care for children with cancer.

Her hospital is a specialized care facility focused on offering multidimensional care for people with cancer. With both in-patient and outpatient programs the hospital serves a large population. It is a leading teaching, research and treatment facility committed to the advancement of cancer care. It is affiliated with both the local university and hospital.

Danielle works out of both the cancer hospital and its sister university hospital, which has recently finished the development of a new wing that specializes in pediatric care. At the cancer hospital, she is a member of a team of psychologists, social workers and palliative care workers. At the university hospital, she is a member of a multi-disciplinary medical team comprised of medical oncologists, surgeons, radiation oncologists, nurses, palliative care workers, physiotherapists, social workers and herself, the lone psychologist. In addition to her work as a psychologist, Danielle is also an adjunct professor in the Department of Psychology at the local university.

Sitting across from Danielle, preparing for our first interview, I am reminded of how infectious her energy is. To say that Danielle loves her job and has a passion for working with children does not do the experience justice. Surveying her physical appearance (petite frame, stylishly cropped blonde hair, big blue eyes, manicured nails and impeccable make-up, professional dress and well accessorized jewellery) one might assume a quiet confidence and refined sophistication in the thirty-five year old, only to be shaken by her determined exuberance. Danielle feels about children the way a mother

bear about her cubs, and her commitment to ensuring that they receive the best care possible is comparable to the mama bear's commitment to protection.

It is surprising that Danielle doesn't like children in the traditional sense of snuggling and playing. She does, however, have a genuine and unique ability to work with them, to help them face their fight with cancer, "…everyone always told me, oh kids just love you! You're so good with kids." Even as a teenager and young adult, Danielle had an affinity for children and they for her.

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First Day at the Hospital

Walking through the hospital doors I could feel the knots in my stomach tighten and tried every known trick to calm my nerves. I was a second year university student and it was my first day volunteering at a hospital for sick kids. The most severely handicapped kids in the province come here. Bravely, with my most confident body language, I turn the knob of the handle and enter into the room, "Okay. This is really bad. I am so far in over my head!" the thoughts rush in as I frantically search for a way to escape. Trapped and without warning, a classroom aide brings a child to me. He is stiff as a board and paralysed in his sitting position. He is gently placed beside me on the cushioned floor and I realise that I am to "play" with him. The thoughts of being in over my head are still ever present as I kneel to the ground and begin to play.

Soon another child is brought to me. He is horribly disfigured. Horribly. As I am holding him on my lap and reading to the both of them a nearby nurse naively asks, "How many years have you been doing this for?" Inside I am amazed at her assumption

and half-jokingly say, "Well, it's twenty after nine. I've been doing this for about twenty minutes." She doesn't even flinch at my inexperience, and simply answers, "Really? It just seems like you're comfortable with it." Inside I scream, "I'm not! I'm not at all comfortable with this!!!" but outside I smile my appreciation, turn my attention back to the children and continue with the story.

Driving home that night I sob the whole way in the car. "I'm never going back. I'm never going back. This is too awful!" the panicked thoughts flood my mind as fiercely as the tears my eyes. But by the next week I kind of want to go back and when I do I don't so much see the tubes and the braces. I start to see the kids. And by a month into it I realise that I don't see anything but the kids.

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So began Danielle's journey into her work with physically challenged children. Realising that she wanted a career working with children, Danielle approached a university professor for guidance with respect to which educational path to take. "There's no such thing as child psychology. You have to go into education and become an educational psychologist." was the strict advice received. And so into education she went. Knowing that in order to become a psychologist a Masters degree and even perhaps a Ph.D. would be required, Danielle quickly moved from her Bachelor of Education degree to a Masters of Education and Ph.D. program in educational psychology.

Entering into the Ph.D. program Danielle knew that a twelve-month internship was a required component. "Back in grade five, we had friends who lived in the north of the city. You had to drive by the cancer hospital to get to their house...I didn't know

what the cancer hospital really was but I kind of always thought that I'd like to work there." The seeds of the vision that were planted in her childhood would finally bear their fruit. Determined to establish a future career at the cancer hospital, Danielle knew that securing her internship there was a "must". So eighteen months before the start of her internship she approached the Director of the Department of Psychology at the hospital and convinced him to hold a spot for her.

As an intern, Danielle showed particular interest in the children with cancer and made a point of being involved in all pediatric consults. When her twelve months were up the director established enough funding that Danielle could continue working three days a week. His message to her was, "Go and make yourself indispensable to pediatrics until they can't live without you." She took his message to heart and now, close to ten years later, she is an indispensable member of the pediatric oncology team both at the cancer hospital and the university hospital.

Being a Psychologist

When describing what it is like to be a psychologist Danielle pauses and then uses the term, "keeper of secrets". Danielle envisions her role as someone who walks with people on their journeys as they struggle with the reality of cancer. She supports and listens in an unbiased non-judgemental way that creates an environment of safety and trust. Danielle describes herself as "privileged" to be included in such private and important parts of people's lives. The trust that people place in Danielle when they share their secrets with her is sacred, and Danielle is respectful about being gentle with it. Although privileged in being able to share in the journeys, Danielle is also cautious with

respect to the risk that being a keeper of secrets can hold. "I get fatigued by being the keeper of secrets…I know so much about so many people…(and) it ends with me….I can't tell anybody else and what do you do with that information? As much as you'd like to be a sounding board…some of it seeps in, and you end up being this sponge that just keeps getting bigger and bigger and heavier and heavier."

Over the course of her years working in the profession Danielle has learned the value and necessity of creating and maintaining clear boundaries in her work. Along with her boundaries she makes sure to leave time for things that take care of Danielle the person, "…you have to make sure to wring yourself out again so that you are light and dry and ready to go….if you forget you become awfully soggy!" The need for boundaries and self-care comes from the fact that Danielle could easily get overwhelmed by her work and even swallowed up by it. "It's difficult not to be on call all of the time. Like not to want to help even though it is a weekend, or to change your schedule to stay late at work to help somebody. I (get) sucked into liking to be with the patients and making a difference."

In order to help protect against the pull to devote all of her time to work, Danielle is strict about keeping her private life private and committed to making time for it. She has standard disclosures that she will share with clients, disclosures that she does not feel infringe upon her privacy and work to keep her private and professional lives separate. When clients ask about aspects of her life that she does not feel comfortable sharing she simply smiles and says, "You know I can't answer that."

Danielle is psychoanalytic in her approach to working with people. She sees herself as a blank reflection for clients to bounce off their ideas. Although Danielle is

comfortable in her approach and regularly witnesses the success of it, the downside is that it can function to isolate Danielle from her clients. "I've really pulled back on my level of emotional attachment. Especially because I work with people who die." A high level of personal attachment to her clients would cause Danielle to burn out at a rapid rate and paralyse her from being able to help the long line of children and families who need her.

Not only does Danielle sometimes feel isolated from her clients, but her work also forces a certain level of isolation from her family and friends. "People don't want to hear a lot of my work stories because even if I tell a fairly benign work story they are horrifying to other people." The boundaries of confidentiality restrict Danielle from being able to tell the stories, even if people did want to hear them. Being a "keeper of secrets" genuinely means that much of what she does at work must be kept secret. This means that her job functions to isolate her from her clients, as well as, from her loved ones.

One buffer to the isolation is Danielle's sense of spirituality. Raised in a Mennonite family where grace was said before meals and prayers before bedtime, where religious holidays were celebrated and she learned to believe in a God who had a plan for her life, Danielle developed a strong belief that she is not alone in the world. Even when life can take her to deep, dark scary places she knows that she never has to go there alone. Although her belief in a higher power and her conceptual understanding of it has always been strong, it has been through her work that she has actually physically experienced a sense of soul and a sense of a spiritual world, one that is different from the human world.

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The Feeling of Spirit

It was a blustery September afternoon. I was sitting at my kitchen table watching the leaves fly off of the trees and swirl in the air with force and beauty. The wind was so strong that they didn't just float to the ground but literally seemed to take flight and dance in the air. I was exhausted. I left Steven's bedside in the hospital at 4:00 pm. He was virtually comatose. For the last five days we have spent hours together, me with my tape-recorder and he with his story. His only goal, his mission...to get his story told. He has visions of touring schools and sharing with other teenagers what it is like to have cancer and to have a leg amputated. Visions of using his experience to make a difference in others' lives. Knowing that his death is near, he has been agonising about not being able to fulfil this dream. Not being able to tell his story. And so the tape-recorder became his audience and I the trusted confidante. During this time together Steven has let me into his life in a way that no other patient ever has, and I have allowed myself to be let in. My inner voice has been telling me that I am emotionally over-involved, but there is a connection here that I cannot ignore.

The screech of my beeper shocks me out of my reverie. It's the hospital. As my fingers quickly dial the number my stomach tightens. Steven had not been doing well when I left. The nurse confirmed my anxiety. Steven was in great distress. He was screaming to his parents that he just wanted to die. Just kill me! I can't take this anymore! His parents were beside themselves and had no idea what to do. I splashed some cold water on my face, grabbed my keys and sprinted for my car. I had promised

that if he could give me enough time I would be there when he died. It was a promise that I was determined to keep.

Upon entering Steven's hospital room it was clear that he had been calmed with medication, his parents however, were still visibly distressed. "Why don't you take a quick walk around the ward." I suggested. "I can sit with him." Their tired smiles communicated their appreciation and with a soft hug they left his side. Earlier in the day a harpist had found her way to Steven's room and had left a tape of her music. I slipped the tape into the recorder and gentle music filled the room. I softly began to stroke Steven's head from back to front, like I would to quiet a newborn child and with my other hand reached for his.

"You know, he's strong with a healthy heart, he'll last at least another 24 hours." The nurse's voice was startling and as her words sank in I felt fury fill my bones. "Like hell he will." I thought to myself. He had wanted to die for two days. He was in agony. He was ready to die and if there was anything that I could do about it I would.

"Steven, you're ready. You've prepared your parents and your sister and I am here to help them. You have worked so hard over the last few days to get your story told and it will be told, I promise." I searched for any words that might help. " Come on Steven! Why don't you take your life by the horns and do death like you have done life? Your way Steven. If you want to die then just go for it. It's okay Steven, you've done enough." I must have rambled on for fifteen minutes, desperate to help ease his suffering in any way possible. Gradually his breathing slowed and his head turned to me. He took a breath in. He took a breath out. In that moment, that moment of breathing out I knew

that there would be no more breaths in. I don't know how I knew except that I felt him go. I felt it.

Quietly, his parents walked into the room. I motioned for them to come over. "Talk to him." I said. "Tell him that it's okay to go. Tell him that you love him, that you are with him and that it's okay to go." They did and Steven quietly and peacefully moved from life into death.

Driving home that night I couldn't help but go over that feeling...that change in feeling from when he was there to when he was gone. I was so angry because the nurse recorded the wrong time of death. She kept insisting that there was still electrical activity in his heart. Couldn't she feel that he was gone? How could she not know it? Where he went is still a bit of a mystery, but that fact that there is a soul, a spiritual component to being human, and the fact that the soul does leave when humans die, no longer is.

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In spite of the isolation, need for strong boundaries and risk of being overwhelmed, Danielle loves her work. She feels a strong sense of personal connection to her work and derives great meaning and sense of purpose from it. "I believe at some level that I am just meant to do this. It's a tough job, it's a tough area and I do not find it hard to do." Danielle agrees that she has found a "good fit" between who she is as a person and her chosen profession. She has no doubt that she has chosen a good life's work; no doubt that she is truly gifted and meant to be working with children. Even as a child, Danielle remembers the enjoyment of being involved in people's emotional lives. When a classmate's father died, Danielle was the one the teacher asked to spend the day with the

child. When a friend's parents were fighting it was Danielle who was turned to for support. "Like it was easy to do those kinds of things. Like I liked being involved in people's emotional problems. And that's the part of friendship that I like, that's the part of life that I like. So it makes sense to me, like there is no surprise to me that I am doing what I am doing."

The part that Danielle loves best about being a psychologist, the part that gives her the greatest sense of purpose, is the involvement with people; the knowledge that she is making a meaningful difference in their lives. "The part that I love is being able to get to the heart of the matter, in more ways than one. Like the heart as in the core and the heart as in the emotions. Even when there's nothing that you can do about a situation, somebody is dying…you're not going to stop them from dying but you can get right in there with the person who is dying and help them to do that dying thing the very best way that they possibly can. And…to share in the passion that people have about their own lives I think it's just, it's the best part of it all!"

In the emotional journeys that Danielle makes with people she gets the opportunity to glimpse realms of emotional life that may otherwise be foreign to her. She compares it to being able to watch the travel station on TV. She may never, herself, travel to the far off destinations that are featured, but the show has provided her with snapshots of what those places might be like. Being a psychologist provides Danielle with snapshots of numerous human experiences, which she may never otherwise be able to access. In witnessing these experiences Danielle's own understanding of the world and of her life is broadened and challenged. "I get to share in people's wisdom…it's their insight and their

wisdom that sort of drives them along through difficult experiences and to still be there on the other end of all of this, to share in their success. And from watching them and listening to them I learn more than I could ever have imagined I could learn from people."

" (being a psychologist)...allows me into situations with other human beings where I can witness, where I have the privilege of witnessing this amazing strength and fortitude and ability to cope no matter what."

Danielle also notices that it seems that whenever she is struggling with something, a client will walk in with the same struggle, or at least with something similar that Danielle seems to resonate. She calls it "coincidence with purpose". As Danielle helps her client work through their struggle she receives the gift of their wisdom, which gives her insight into her own life. Being that she is a strong believer in the notion that everything happens for a reason, these "coincidences" are seen as having meaning and purpose, as being "meant to be". "It's amazing how many people will come in and sit in the chair across from me and tell me about their issues which are paralleling mine. Or maybe they're not even paralleling but they're, ah, shadowing what happened to me four years ago. I remember that I went through some personal stuff a couple of years ago, a friend of mine from Vancouver actually said, 'I wonder if....part of why this is happening to you is to give you this experience so that when other people come to you with similar experiences you will be able to help them in a way that you wouldn't have been able to because of your level of understanding.' And it's true. It does."

Another "gift" that being a psychologist gives to Danielle is a greater appreciation for her own life. At the beginning of her career she used to feel guilty for her own health.

"I remember when I first started I couldn't go shopping. I could not go to a mall cause how dare I when there were cancer patients! I realised that was ridiculous. Why should I stop living because people were in the hospital." Her appreciation for health, family and friends is more vivid and present in her every day functioning than she feels it would be were she not doing the job that she does.

Being a psychologist can also provide somewhat of an "ego boost". The level of trust that people put in a psychologist, even after only a few minutes of knowing them is remarkable and can feel very powerful. As a psychologist Danielle has the opportunity to make very profound differences in people's lives. Knowing the impact that she can have strengthens her resolve to do justice to her job, to "do right" by the people who place their trust in her.

When asked if there are any negative aspects to being a psychologist, the only one that she can name is the fact that she is human. In being human, she is vulnerable to the tragedies that she witnesses and drawn into the desire to want to fix things, especially when she logically knows that she has no ability to do so. Danielle is not immune to the frailty of the human soul and the pain that is experienced when others hurt and she is powerless to take the hurt away. Although her profession tells her that her role is not to fix, not to give advice, not to solve problems but to facilitate the *client's* ability to discover and implement their own solutions, it rarely functions to help her to feel better when she is overwhelmed with the feelings of helplessness. Regardless of the boundaries that she creates and the emotional detachment that she tries to foster, Danielle is profoundly affected and touched by the work that she does. Curiously, the connectedness

to people is the one true factor that fuels her passion for her work while simultaneously threatens to erode her ability to do the work.

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Teardrops Hanging on a Chin

It was three o'clock on Tuesday afternoon. I was going through my mental checklist for the bar-b-q that I was hosting that weekend. I had the food planned, music ready, invitations had all gone out and I was just waiting for one last RSVP when...brrrrrriiiiinnnnngggg...the phone rang and I was jolted back into reality. It was one of the nurses. She had bad news. Spots were found on Amanda's lungs. The cancer was back. Things didn't look good. As I was listening to her explain the details I flipped my day-timer to Friday and blocked off three hours in the afternoon for the family meeting. This was when they would meet with the oncologist to receive the bad news. I had walked alongside this family through their entire journey with cancer. I was not going to stop now.

It was eight months ago when Amanda first came into my life. She was 14 years old and in her last year of junior high. When all of her classmates were studying for exams and gossiping about the end of year grad, she was going through chemotherapy for a tumour in her pelvis. I remember the struggle that we had convincing her that it was okay to go back to school bald. She was so devastated when her hair fell out and terrified that she would be shunned by her friends. Like the trouper that she is, she went back and in no time it was as if she had never been away. I remember how giddy with excitement she was when her wish trip came true and she was flown to Toronto for her model shoot.

She was thrilled that she would be walking down the runway with "real" models. Her life was getting back on track. She was actually starting to trust in the existence of a future again.

I get to the conference room early; I like to be there when the families arrive so that they don't have to sit in the uncomfortable silence as they await "the news". When Amanda walks in I am taken aback by her beauty. She has dyed her hair blonde. Extensions have been added and braids tumble from her up-do. She is wearing a scoop-neck shirt that draws attention to her milky white skin. She finishes off her outfit with shorts and high heels. She is stunning.! Her mom and step-dad sit on opposite sides of her and every so often reach for just the slightest touch, as if to check that she is still there.

The oncologist and nurse come in, sit down, open the thick file and proceed to go over "the news". "Well, it looks as though the cancer is back." Begins the oncologist. "This is not good news. You have the choice of two kinds of treatment, and of course no treatment is also an option." Amanda sits stone faced, clearly trying to control any emotion that is welling up inside of her. He goes on to explain that she will need central lines in her chest, a chest biopsy, and all I can think of is the scars that will be left on this beautiful up and coming model. I know that this weekend I have a fun bar-b-q planned and maybe some yard work. And in front of me sits a fourteen-year-old young woman who is being told that the nightmare that she has just endured must begin all over again.

I silently wonder what she must be thinking. How these words must be attacking her concept of future. What about the job interview that she has on Saturday? What about

the hundreds of dollars that she has just spent on her hair? What about her? Where does she fit into the equation? As I watch her digest the barrage of words, two silent tears gently roll down her cheeks and hang off of her chin. There they hang. Waiting. Suspended in silence. Able to drop at any moment. I am reminded of the frailty involved in being human; how at any second a person's whole world can change, in the space of a teardrop.

I want to reach out, to make things better, to change what is written in the chart, to do something, anything to bring back the sparkle that was in her eyes and the laughter in her voice when she was telling me about her modelling plans just moments ago. But I, like the teardrops, hang, suspended, unable to do anything but wait, vulnerable to the drop that she is about to experience.

Slowly, quietly, I see a shift. She turns, looks me in the eye and in the steadiest of voices says, "I'm going to do chemo."

The oncologist doesn't really catch it and continues on with his monologue, "It's Friday so we'll give you the weekend to think about it and you can let us know on Monday what you would like to do." She looks back and forth, confused at why he's still talking. I interject with, "Let me get this straight. It sounds to me like you have already made your decision?" Nodding her head she says, "Yah, I'm going to do chemo." The reality of chemo means central lines, losing her hair, nausea, everything all over again...just when she was getting back on track. It's easy to choose chemo the first time you are faced with cancer, you don't know what you are getting yourself into. But to so quickly choose it a second time, when you so vividly know what you are getting into is

remarkable. I am touched by the privilege of witnessing her courage and determination. And am reminded at the strength of the human spirit and unwavering will to live.

As she are her parents get up to leave she turns to me and with a smile says, "Yah...and I just spent all this money on my hair! Ha, ha, ha."

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Hope

"Hope allows us to believe that change is possible." This is one of the most complete ways that Danielle knows to describe her understanding of hope. She sees it as strength to get through difficulty, a willingness to entertain the possible and an intuitive sense that says, "I can handle this." Although hope is often described as a "never giving up" for Danielle it is almost the permission to give up. To give in. To stop fighting, maybe for just a little while and to trust that things will still be all right. "Typically, in my experience, a lot of the situations or challenges that come up where you really need hope is when you don't have control." Danielle goes on to use the metaphor of a pillow to better explain hope, "I can fall back into it when I don't have control....when I'm at my wits end to deal with something hope allows me to relax a little bit...and set back and sink back into this little pillow and think, okay, it's really bad and I don't know what to do about it but I trust that something is going to take care of it." She sees hope as the ability to trust that even in the face of doubt and uncertainty, things will somehow be all right. Hope is a gentle upholding that suspends her from despair.

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A Deep Dark Place

It was the fall of 1997. I was clinically depressed, thankfully for only a brief period. If I think back I can now see that I was probably leading up to it for about a year, and then completely non-functional for a good two and a half to three weeks. I know that compared to many people that is a short time...but for me it seemed like forever. It was just this big dark cloud, or dark, deep hole. Even when I knew that it was a sunny day the cloud was so big that I couldn't live as if it was sunny, for me everything just felt dark. It was the most desperate time in my life. It felt like there was nothing I could do. I literally could not make myself a piece of toast. The only thing that I had was enough knowledge to know that there was hope, and that the hope was the only thing left to cling to.

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Danielle knows what it is to be face to face with despair. She understands all too well the experience of overwhelming sadness and complete helplessness, and knows that, in those times, hope was all she could find to grab a hold of. Hope was the only thing that truly seemed to endure. Danielle recalls that in her time of despair, hope was most intimately tied to the belief in a higher power. "I had no energy. I did not care. I was immersed in sadness and all I knew was how sad I was and how much I didn't want to be this sad. But I had no expectations, no beliefs that the sadness would ever stop. The hope was just the hope that a higher power would sustain me so that I could at least survive until the medication kicked in."

The existence of spirituality in Danielle's life provides Danielle the confidence to believe that there is nothing that she cannot handle because even when she feels helpless and desperate, she can trust that God will be there with her. She knows that she is never alone. "A lot of my hope is based on spirituality. Like when I sort of rest back in this pillow it's like, okay, I can't do this anymore, help me. And it's a higher power kind of help me. I don't need you to help me fix the solution, just get me through the situation until I come to a solution."

Danielle delineates hope into two spheres. The first sphere of hope is a "hoping for" kind of hope. It encompasses more of the every day, malleable kinds of hope like…I hope a patient can sleep without pain, I hope I was helpful in the family session today, I hope my patient's treatment is successful. This sphere of hope has the ability to change as the background and life contexts that it is grounded in change. It is a hope that is connected to goals, plans and visible outcomes.

The second sphere of hope is what Danielle calls "soul hope" or hope related to soul. "For me hope is the feeling, soul stuff." This sphere is a more all-encompassing, grass-roots essence that a person embodies. This sphere is more static that the first. It is not related to goals and outcomes but is more of an intangible way of being in the world. Just as different people can have different things that they hope for, so too can different people have different levels of soul hope.

Danielle describes herself as someone who has strong soul hope and attributes family, spirituality and difficult life experiences as the mechanisms through which her soul hope has been developed.

Family and spirituality.

Danielle was raised in a family that involved God as part of their every day rituals. She learned that there was a spiritual aspect to the world and to life that could be relied upon. Her maternal grandmother is Danielle's most vivid role model of hope that she can recall.

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Grandma

If I explore where I have experienced hope in someone else's life, where I've seen evidence of it as having gotten somebody through something, I would have to look at my grandmother whose life was very difficult.

She was born in Russia and came to Canada when she was 23. She couldn't speak the language, didn't have a job, had to pay back the expenses for her travel and got married to a man who had two small children aged four and five. She had a son who died at 10 months from pneumonia and then had my mom. When my mom was three my grandmother and her husband split up, which was unheard of at that time. She had what they called a mental breakdown but survived all of that and continued to be a very functional, strong, independent, loving, passionate woman. Those struggles never seemed to be daily sorts of struggles, they were...you just did it and you were glad for the good parts in your life and good relationships that you had...and she was happy.

So I think that I saw evidence in her life...if she could get through all of the hardships that she had to get through and still be the pleasant, positive, inspirational

person that she was in her 90's, then there had to be something to that and I know that she relied on her faith.

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When Danielle speaks of her grandmother it is as if she drifts back to a special, sacred place. A safe place. A place that is home. Just to be biologically connected to the woman seems to give Danielle a sense of security. "I don't know, it's somehow always with my grandma, she was always tied up with my hope. Because she could do it, I could do it. I hadn't actually had to experience the trauma but she had, and we're genetically related so if she could do it I must have gotten some of that too." Danielle speaks about being able borrow some of her Grandma's hope, to steal a little bit of it. Her Grandma died in January of 2002. Danielle has one of her rings, a beautiful, square cut, blue/turquoise stone in an antique setting. She notices that if she is feeling particularly low in energy or if she knows that she has a hard day ahead of her that she will purposefully seek out the ring and wear it. "I actually think sometimes about how I am feeling today, what kind of day it is and do I need the ring…and I think oh, yah I could use a piece of her today and on goes the ring."

Although Danielle's maternal grandmother is the family hope role model that she connects with the most, she is quick to explain that she comes from generations of hopeful, resilient people on both sides of her family. Danielle is a first generation Canadian with parents and grandparents immigrating from Russia and Norway. "I've actually known people who have had to pick up everything, pick up from everything that

they know and move to a new land, new culture, new language, new everything and do just fine."

"There's just something so hopeful in that action that happened on both my parents' side that it somehow…behooves me to then go forward in life with some of that same inspiration."

For Danielle, the seeds of hope were planted generations before and continue to be nurtured in the dark, rich soil of a resilient, connected family.

Difficult life experiences.

Practice. For hope to be strong, a person needs to practice hope, to use hope, to need hope. According to Danielle, the most real way of testing hope's strength is to encounter fear and despair, "If there isn't a tendency to despair there's no need for hope." Danielle uses her own experience with depression to explain further, "I don't know that I would have ever recognised [hope] if it weren't for desperation. Like there has to be a need for it in your life."

"I think a certain amount of fear brings out hope." Danielle's experience with depression taught her that using hope, practicing being hopeful, having to rely on hope when nothing else could sustain her, strengthened her hope.

Although she experiences her "soul hope" as being well-grounded and stable, there are factors that can both enhance and damage her hope. Work is one resource that Danielle can count on to give her hope a boost. "It is definitely the grass-roots, clinical work that gives me hope…knowing that you are making a difference in someone's life…feedback that there has been an effect…it's almost like seeing the hope lived out."

The direct interaction that she has with children and their families reinforces her sense of purpose and her experience of hope.

On the flip-side, it is also this connection with the children that puts her hope at risk. Take the children away, take her job away, and you risk rupturing Danielle's identity and connection with hope.

In addition to the possibility of not working with children, when big things in the world go wrong, Danielle's hope gets shaken. "…this terrorist attack really just…takes the wind out of my hope. I mean here I spend my time thinking there's a reason for things, there's meaning in things and when something so big happens it forces me to contemplate what on earth could possibly be behind this as far as meaning or purpose or was meant to happen. I almost had to not think about it because I don't have the answers and it makes it harder to think okay, this too has purpose."

Hope is clearly connected to purpose for Danielle. When her life has purpose she feels more hopeful and when the world around her has purpose and is going according to "the plan" hope is safe. Bring these two constructs into question, shake them up a bit and you shake up her hope.

Hope and Psychology

In her work as a psychologist Danielle is surrounded by hope. The patient's hope, the family's hope, the health-care team's hope and then her own. She describes it as swimming in a pool of hope and states that it can get confusing at times. She knows that for patients and families hope is directly tied to outcome. Hoping that there has been a misdiagnosis. Hoping that the medication will improve symptoms. Hoping that treatment

works. Hoping that whatever the end result will be, that it will be positive. For Danielle, hope is related to process. "My hope is about their journey. And that they do that journey, whatever the outcome is, they do the journey the best way that they can. And that their family is there with them doing it as best as they can."

Danielle notices that by the time people find their way to her office it appears as if they have run out of ways to protect their hope. Danielle believes that part of the work that she does is to help them to get back to a place where their hope is safe again. Sometimes people have almost run out of hope and they need guidance in building it back up again.

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I Can't Remember What Hope Is

Sometimes you've just got to wonder when someone has had enough. I mean I know that life is not fair. I know that horrible things happen every single day, but I truly believe that Colin has had just about all that he can take.

When he was 13 years old he had bone cancer and had to have his right leg amputated. He got a prosthetic and went through the gruelling process of learning how to walk again. At the age of 16 his mom relapsed and experienced a re-occurrence in her breast cancer. He attended her funeral that same year. At the age of 18 he was diagnosed with a chronic, debilitating illness. As a result of this illness his fat cells are not properly metabolized and leave deposits on his skin, eyes and brain. The only known form of treatment is chemotherapy.

Now, at the age of 20, he continues to struggle with this illness. Last week he experienced an acute episode. The chemotherapy, which he receives through a shunt in his head, caused a seizure, actually many mini seizures. The doctors discovered it a week and a half ago and he has been hospitalised since. He has lost all vision in his right eye and has partial vision in his left. He has lost so much strength since beginning treatment that he can't use his prosthesis because it is too heavy. He can barely manage to shuffle around with his walker, even that drains him. Lately, the fatigue of trying to remain positive has become almost too much.

Colin has no reason to be hopeful that he can actually identify because the desired outcome of death is an improbability. Treatment is comparable to torture, however, the refusal of treatment will simply cause the symptoms to worsen but will not lead to a quick passing. He is trapped inside a body that is betraying him, with no glimpse of relief or salvage.

During our visit today I finally realised that he has gotten to the point where he doesn't even know what hopeful behaviour or hopeful thought is anymore. He has lost all connection with what hope looks like. He shared that if he knew that he would die then he could at least plan for death. He could then feel a sense of purpose and direction. Aloud I wondered what he might do in such a situation. Embarrassingly, even ashamedly, he answered that he had made a list. He was afraid and apprehensive. He didn't know if making a list was a good sign, a sign that he was doing well psychologically or a bad sign, one that indicated he had lost hope.

I realised that he was looking to me for some sign, something that said that he was still "okay", something that indicated that he had nothing to be ashamed about, something that communicated, "Yes, this too is hope." It was like the ground in which he had anchored his hope had cracked and crumbled away and he was desperately seeking new, solid ground where he could safely drop his hope anchor again.

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Although the experience of cancer can aggressively attack hope, Danielle insists that health-care professionals often help in its erosion. "Interestingly we interviewed a couple of families of babies with brain tumours for another presentation that we are doing and hope spontaneously crept into the interview. One of the fathers sort of called us on this and said, 'You know, you really don't do a whole lot to help our hope as a health-care team.' Thinking back on it we must have been, collectively, must have been saying or doing things that infringed on the family's hope."

Danielle goes on to explain that for patients and families, everything that a health-care team does can be interpreted in the context of hope. How many people attend a consult, the room that they are taken to when they receive news, how many times the nurses visit the patient's room and most importantly, the way in which health-care professionals use language. "I think that it is all entirely tied in language. Whether it be body language, spoken language or written language. Language can be the ultimate hope squasher. Most people talk about dashed hopes, well dashing is one thing but I mean people's hopes get tromped on! Unfortunately they get needlessly tromped on by the careless use of language…especially in health-care settings."

According to Danielle, it is more important to be attuned to the negative words and keeping them out of the conversation than it is to specifically say hopeful things. It is also necessary to make people accountable for what they say and for *how* what they say is received; to intentionally increase awareness for how information has been received and the effect that the way in which it was communicated has had.

This passion for compassionate use of language comes from knowing how dramatically patients and families are impacted by what health-care professionals say. "Parents sit on the edge of their chairs waiting for hope." Danielle recalls a particular family whose daughter had recently been diagnosed with bone cancer. The father shared with Danielle that all that he wanted was for the doctors to hold out some little carrot. To say something, anything that would offer a shred of hope that his little girl could be okay.

"Even when we talk to parents years after their child has died, they never stopped hoping that their child was going to live. Never. I mean against all odds, despite what we said, they were hopeful until the moment after their child died that their child would live. Like there's no concept. I don't think as a parent, or my experience of parents has been that a parent cannot stop hoping that their child will live. Like physically impossible, or psychologically, psychically impossible for a parent to do. Like I think that it is inherent in the role of a parent."

Danielle is intentional about establishing environments and relationships that foster and strengthen hope. She knows that a key ingredient in this process is maintaining her own personal level of hopefulness. Luckily, for her, she finds that work and specifically the children often act as a hope injection. She is honoured to be given the

privilege of walking with them along their journey with cancer and even though her job should be to strengthen their hope, she finds that their strength and resilience never fail to nurture hers

CHAPTER 5

Discussion

This study began with the research question: **What is the helper's experience of hope in teaching, coaching and counselling?** Over the course of this study themes have emerged, with some rising to the surface and others fading into the background. This chapter is a presentation of the themes related to helping and hope. It describes and explains the helpers' experiences and understandings of hope and then relates them to the literature on helping and hope. It would be important to remember that the majority of the current literature on hope, and much of the literature that has been presented here, are based on studies conducted within health care settings, whereas the findings from this study come from teaching, coaching and counselling.

Only occasionally will direct components of evidence obtained in this study be referred to. Instead, the chapter is a result of the gestalt derived from the data that has been collected and interpreted. This discussion is a crystallization of everything that has been learned from the participants and the literature. It does not presume to present definitively what their experiences are, but rather one possible understanding of what they might be.

The five themes developed in this chapter are: 1) helpers' descriptions of hope; 2) things that strengthen and weaken helpers' hope; 3) helpers' impact on hope; 4) the language of hope; and 5) helpers' recipes for hope. The first theme focuses on how helpers describe and experience hope. The second focuses on what they feel threatens their hope and acts as resources for their hope; what makes their hope weaker and

stronger. The third theme is a description of the role that helpers feel they play in the experience of hope for their students, athletes and clients. In the fourth theme, the helpers articulate how language functions to influence hope. Finally, the fifth theme is an outline of advice that these helpers would give to other teachers, coaches and counsellors regarding helping and hope.

This chapter ends with a presentation of my personal interpretations; what I feel is most important to draw attention to, followed by a brief summary of the chapter. Throughout the course of data collection and analysis the researcher's interpretations influence the process. However, the interpretations that I have provided at the end of this chapter are very specific and focused, and deal directly with answering the research question.

Helpers' Descriptions of Hope

Each helper was asked to describe, define and explain what their understanding of the word hope is. Beth described it as "never giving up". She explained that hope is an active pursuit of possibilities, answers and solutions. It was what encouraged her to keep trying, even when life got difficult. Specific to teaching, hope was what propelled her to strive for success with each student. It drove her to question and challenge what she does as an educator, to refuse to accept the status quo. Hope was what kept Beth going.

Hutschnecker (1981) described hope in a way similar to Beth's experience. He portrayed hope as something that triggers people into action by mobilizing their energy to overcome obstacles. Hope can be inspiring, it can encourage people to believe that they can achieve their dreams and reassures people when they encounter difficulties along the

way. In thought and feeling, it creates the optimist.

Beth went on to explain what hope feels like and qualities that she thinks hopeful people embody. For Beth, hope was heartfelt, true and honest. Feeling hope meant feeling right. Beth added that hope could feel joyful and sad. For her, hopeful people were people of passion; they were active and involved with life. She described them as people of perseverance, with respect and integrity. Hopeful teachers are teachers who look at the whole essence of each child and who see the possibilities within them. They are teachers who actively purse and commit to working in ways that best suits the needs of *all* of their students. Hopeful teachers don't back down when work gets difficult, they rise to the challenge and persevere through it.

Hopeful people have also been described in the literature as people with more energy and confidence who generally experience a positive as opposed to negative mood. Being optimistic, realistic and action-oriented are signs of hopeful people (Jevne, 1993). The literature indicates that hope is energized by the belief that where we want to go in life is possible (Lynch, 1965). It is the thought and feeling that we can get through difficulty, that a solution exists and it is the energy to search for this solution (Lynch, 1965). Snyder (2000) parallels Beth's belief that hopeful people believe in their ability to achieve goals and to persevere through difficulty. When hopeful people come to an impasse, they find alternate ways to achieve their goals; they don't give up.

Don explained that hope is believing that something good is waiting for you in the future. Lynch (1965) describes it as "an arduous search for a future good of some kind that is realistically possible but not yet visible" (p. 23). Hall (1989) explains that people

need to be able to believe in and visualize a future; hope both aids in this process and is strengthened by it. "Without hope, no person has a future" (Lamm, 1995, p.18).

The image that best embodied Don's experience of hope was the image of Jesus Christ coming back. Don's fondest hope was that people will get back to their spiritual roots and will realise that they cannot live in this world without Jesus Christ in their lives. For Don, hope was intimately linked to his sense of spirituality and commitment to God. Don did not doubt that his future lies with Jesus Christ and because of this his hope for a better future never waivers, because his future is with God. Many individuals ground their hope in a belief in God and turn to God when they are struggling to find purpose and meaning in life (Carson, et al, 1990; Miller, 1985).

When Don thought about the word hope he thought of his children. Hope, for Don, meant that his children were safe and doing well. It meant having them make the right decisions and helping them with these decisions. Although Don could articulate specific things that he hoped for, he explained that feeling hopeful was different. Hopefulness was a positive sense of being; it was something that embodied all that you do. Jevne (1991) calls this the hoping self . It is a sense of hope that is conveyed in a person or situation. It is an intangible element that can be felt when relating to a hopeful person. It conveys a sense of the possible (Jevne, 1991).

Don believed that hopeful coaches were people who believed in athletes. They were coaches who helped athletes to set and reach goals. They worked towards building the confidence in their athletes so that the athletes could believe in themselves. Hopeful coaches were positive people who focused on the process of building excellence; who

recognised that excellence required patience, hard work and commitment. They were people who never gave up. Snyder (2000) would agree that helping athletes to set and attain realistic goals would be a hope inspiring strategy for coaches. Successful goal attainment builds a belief that one is competent and capable, which strengthens confidence and hope.

Danielle believed that hope is the strength to get through difficult situations. It is a willingness to entertain the possible, to risk to believe. According to Erikson (1964) this ability to dream, to imagine what might be possible is recognised as something that is developed in the first stages of a newborn's life. Hope is the earliest and most indispensable human virtue (Erikson, 1964), the very core of what it means to be human "[hope] is the breath of life" (Moltmann, 1975, p. 21).

Danielle, Don and Beth all experienced hope as being spiritually based. They believed that they were not alone because God was always with them. This relationship to God was what allowed hope to give them strength to get through difficulty. It gave them the peace of mind that this too shall pass, that they could make it.

According to Fromm (1968) hope is the mood that accompanies faith. "Faith is the conviction about the not yet proven, the knowledge of the real possibility…faith could not be sustained without the mood of hope and hope can have no basis except in faith" (Fromm, 1968, p.13).

Danielle explained that the feeling of hope was the feeling of being pulled out of desperation. Unlike Beth and Don, Danielle did not describe hope as a never giving up, but as the permission to give up. In those times when she cannot continue, Danielle's

hope allows her to give up, to give in, to rest and it is hope on which she rests. She explained that hope is most visible to her in those times when she does not have control. When she is at her wits end and does not know where to turn, Danielle's hope allows her to relax and trust that she will be able to manage. Vaillot's (1970) description of a hopeful person closely matches Danielle's experience:

> ...the one who hopes refuses to disarm before the seemingly inevitable. He accepts trial, he realises his inability to overcome it by his own means, but he knows that hope will be forthcoming and that he will be saved according to his hope (p.271).

In Vaillot's description, the hopeful person also does not know where or how he or she will be helped, but trusts that it is in hope that salvation will be found.

Danielle agreed with Don and Beth that hope embodies an expectation of something positive in the future. Sometimes it can be a desperate craving for a positive outcome, other times it can be subtler, a wish for a good day, but always it is a desire for things to be different and in the difference for them to be better. "...man, as a temporal creature, is directed towards the future and this is a direction which alone corresponds to hope" (Moltmann, 1975, p.22).

Things that Strengthen and Weaken Helpers' Hope

All helpers talked about hope in terms of things that they hope for and hope in terms of a general sense of feeling hopeful. They all described themselves as people who "look at the world through hopeful eyes" and therefore believed themselves to be people who embodied hopefulness. Helpers readily agreed that the things that they hoped for,

their hope objects, could change on a regular basis. However, their hopefulness was more stable.

A number of researchers have identified hope as having two levels: one that is more focused on specific things that can be hoped for and a second that is a more all-encompassing experience of hope (Dufault & Martocchio, 1995; Farran et al. 1995; Godfrey, 1987; Jevne, 1991, 1993). Hope is visible in thoughts, feeling and actions. It fluctuates according to needs, wants and situations in life. The goal-orientated aspect of hope, that part that focuses more directly on things that can be hoped for, tends to be more malleable, whereas the more intangible, all-encompassing, feeling aspect of hope is more stable.

Beth denied that there was anything that could happen to her that would threaten her sense of hopefulness. She explained that it is harder to feel her hope when her energy is low and she is feeling impatient but this does not actually function to erode her hope, it just makes it harder to access. Danielle also described her energy level as being related to her experience of hope. Danielle's hope needs energy, and when work becomes hectic and she feels overburdened; it is hard to keep her energy high. Danielle explained that hope needs space and work can exploit this space.

Owen (1989) states that hope both gives and takes energy; hopeful people are energetic people. Although a lack of energy can make it harder for Beth to access her hope, she could not recall an experience or envision an experience that would function to damage or threaten her hope; perhaps because Beth's hope is intimately tied to her spirituality and relationship with God. From Beth's perspective, everything in life is

governed by God's plan, and she trusts this plan implicitly. Believing in God's plan provides meaning for everything that she experiences, and this belief is where she grounded her hope. Beth's hope does not waiver, and she believed that it could not waiver, because her relationship with God is so strong. McNay (2001), when exploring the life history of a second career male grad one teacher, identified a similar connection between hope and faith "A faith commitment often inspires teachers, gives them hope and purpose, keeps them going, and grounds their work" (McNay, 2001, p.132).

Although a strong faith commitment was not a criterion for participation, nor was it known to the researcher prior to choosing the study participants, Beth, Don and Danielle all identified themselves as practicing Christians who believed that life is governed by God's plan. They described experiencing a strengthening of their hope as a result of their belief in, and relationship with, God. Danielle explained that when big things go wrong, for example when the World Trade Centre was attacked in 2001, her hope is threatened. At such times, the only thing that helps is being able to focus on her belief in God, and trust that even these "big things" fit into his plan. When she can't make sense of a situation or find meaning in it, she has to trust in God that there is a purpose and that it does makes sense.

Don stated that everything else could be taken away from him as long as he was able to continue to believe in God. If someone could actually prove to him that God did not exist, that "everything was just funk", he would have no basis for his hope.

According to Farran et al. (1995) hope and faith cannot be separated. Faith cannot be sustained without hope and hope has no base without faith. They acknowledge that for

many people hope and faith are grounded in a spiritual structure. In Eliott's (2004) extensive review of the history of hope, she established that "hope is a central feature of Judeo-Christine doctrine" (p.2). Many people have identified hope as being directly related to God. When people trust God and believe that their future lies with God, hope is strong (Eliott, 2004). Each of these helpers identified their relationship with God as being directly related to their experience of hope. Their ability to believe in God was experienced as a strengthening agent for their hope.

Other research has shown that a strong sense of spiritual well-being goes hand-in-hand with high hope (Carson et al. 1990; Mickley, et al. 1992;). Spirituality strengthens hope because it offers a sense of meaning and purpose in life. A relationship with God is strongly linked to hope because it can provide explanations that transcend human understanding. When people cannot logically explain the meaning behind a situation, they can handle it by trusting that God has the answers and that there is a purpose for their suffering.

Although many studies have demonstrated the relationship between hope and spirituality (Benzein, et al., 2001; Carson et al., 1990; Herth, 1989, 1993; Hickey, 1986; Mickley et al., 1992; Miller, 1985), some of these studies suggest that spirituality is not experienced the same way for all people. For some, spiritual faith is based upon a relationship with God or a "higher being". For others, a relationship with God is not a component of their spiritual life. In Benzein's (2001) study that explored the lived experience of hope in cancer patients, all of her interviewees described having a relationship to something beyond their present life, something that they called faith or

"something out there". Although patients had not identified themselves as being religious, they did indicate thinking about or talking with God.

In Benzein et al.'s (2000) study that specifically explored the meaning of hope in *nonreligious,* healthy Swedes they discovered that, participants identified transcendental relationships as being "undefined spirituality and a connection to some higher being, some strong power or something higher" (p.311). These relationships were considered important for their experience of hope.

Carson et al. (1990) explored the relationship between hope and spiritual well-being in a sample of 65 adult male HIV patients. Hope was measured using the Beck Hopelessness Scale. Spiritual well-being was measured using the Spiritual Well-Being Scale, which identifies two dimensions of spiritual well-being: 1) existential well-being, and 2) religious well-being. Existential well-being is defined as a person's sense of purpose in the world and life satisfaction. Religious well-being is the sense of well-being in relation to God (Carson et al. 1990).

The results of their study indicated that hope and spiritual well-being were significantly positively correlated, and that their subjects experienced high levels of both (Carson, et al. 1990). When spiritual well-being was broken into existential well-being and religious well-being, results indicated that it was existential well-being that accounted for the majority of the variance. Participants, although spiritually well, did not need a belief in God in order to have high hope. This research supports other findings that indicate that, spirituality is not experienced uniformly. Although many people experience spirituality as a relationship with God, this relationship is not a requirement for

spirituality. As well, although hope *can be* linked to God, it does not have to be. People can experience high hope in the absence of a relationship with God.

Each of the helpers shared stories of difficult life experiences that they have gone through. Don remembered a time when financially his family was in trouble. Danielle shared her experience with clinical depression. Beth talked about walking with her mother through a diagnosis, deterioration and death from Alzheimer's. Although their experiences were different, all of them described a strengthening of their hope as a result of these difficult life experiences. The experience wasn't solely responsible for making their hope stronger, facing the experience *and then getting through it* and being intact on the other side was what functioned to help their hope.

Farran, et al. (1995) explain that hope often needs times of difficulty and the experience of despair to be truly visible. In other words when our hope is tested, it is possible to come to know hope more fully. Staats and Partlo (1993) discovered that threat of war and recession can act as a stimulus for hope. During times of threat people's needs increase or become more visible. They argued that increased need is what leads to increased hope. When life is stable and good there is little need to be aware of hope. When life is threatened however, hope can become a necessary protective agent. By making life more bearable and more desirable in times of threat, hope enables people to face that threat.

Hopefulness is a salient quality of a survivor attitude; it is what allows people to use crisis as an opportunity for growth "prolonged serious illness, times of personal entrapment and suffering are incubatory periods for intense hope" (Miller, 1985, p.23).

Herth (1993) stated that "hope is an inner power that facilitates the transcendence of the present situation" (p.146). It is the ability to look back and realize that you have made it through hard times, and it gives you the confidence to know that you can get through today as well.

All of the helpers focused on the importance of being able to learn from their difficult life experiences and use these experiences as opportunities for growth. Beth articulated that every life experience could be used to help her become stronger and better if she chose to use them that way. She explained that her growth comes from looking for solutions and focusing on the exceptions.

Miller (1985) agreed that crises could be experienced as hope enhancing. People who have the ability to view times of crisis as opportunities for growth can use these times to strengthen hope rather than times to destroy or challenge hope. Even in the face of serious illness, people have demonstrated strong and vibrant hope (Carson et al. 1990; Cutcliffe, 1996; Hall, 1989; Mickley et al. 1992; Perakyla, 1991). Hope is critical in times of illness because it acts as a coping resource. It provides energy, determination and a belief that it is possible to get through the present situation. Hope enables and empowers people, especially when health is compromised (Cutcliffe, 1996). "If people who are well need hope, think how much more they need it in crisis, illness or death" (Hall, 1989, p.179).

Helpers agreed that family and close personal relationships also functioned to sustain and nurture their hope. Danielle spoke at length about the role that her grandmother played in developing her hope. On a regular basis Danielle witnessed her

grandmother model hope. Since her death, Danielle will wear one of her grandmother's rings when she feels that her hope is a little low because it helps to remind her of the strength and resilience that her grandmother exhibited throughout her life. Danielle often thinks to herself, "If my grandmother could get through all of the difficult things that she had to face…I can get through this."

The bulk of the hope literature speaks to the idea that hope is lived in relationships. It is through relationships that hope is born, nurtured and enabled to thrive. It is also through relationships that hope is attacked, damaged and encouraged to die (Cutcliffe, 1995, 1996; Koopmeiners, et al. 1997; Miller, 1985; Perakyla, 1991; Vaillot, 1970). Hope is a shared experience; a reciprocal, interactional process that is given and received through human relationships (Jevne, 1991).

On a professional level, each of the helpers talked about how their work regularly strengthened their hope. Making positive differences in people's lives was the biggest factor that made their work meaningful, which directly translated into making their hope stronger. When Danielle witnessed the tragedies that children with cancer faced and yet, in spite of these tragedies, helped them to fight through, her hope grew. When Don attended funeral of an athlete he coached in high school and the boy's mother told Don how much impact he had on her son's life, his hope grew. When Beth worked within a community of educators who were committed to helping *all* children learn, her hope grew. In the same breath, the helpers agreed that losing their connection to the children, having their work taken away or losing the ability to make a difference in people's lives could hurt their hope. It was in the relationships with the people whom they helped that

their hope lived.

Other teachers, coaches and counsellors have described similar experiences of being re-fuelled by making a positive difference in people's lives. When teachers "see the light go on" as students grasp a new concept or know that their lives have been changed for the better because of the role that a teacher has played, they feel more committed to the teaching profession (Hillen, 1999; Hoffman, 2001; McNay, 2001; Wilhelm, et al., 2000).

> As long as I continue to get satisfaction from being able to have a positive influence on young people's lives, I will remain in teaching. If that feeling of satisfaction goes then I know that it will be time to move on (Johnson, 2001, p.46).

For psychologists, being "part of the healing process can be transforming, inspiring and rewarding …clients' courage and determination can inspire a deepening of personal growth in the therapist" (Sexton, 1999, p. 401). Every therapy session offers a psychologist an opportunity for personal growth (Greenson, 1966), which has been identified as the most satisfying aspect of working as a psychologist (Farber & Heiftez, 1981, 1982). "Therapeutic work appears to be most satisfying when therapists themselves can learn and grow and develop skills while being helpful and involved with others" (Farber & Heiftez, 1981, p.628). According to Sexton (1999) "therapeutic work is challenging and demands that therapists plumb new depths in themselves, discovering new skills and a deeper humanity" (p.401).

Helpers' Impact on Hope

Each of the helpers felt that they played a role in having an impact on the hope of their students, athletes and clients. They agreed that their role should be to nurture, sustain and strengthen hope, but they acknowledged that helpers could damage, destroy and weaken hope as well. They explained that hope is shown through caring. When a person feels as though they are cared about, hope has a chance to grow. And when someone helps, they cannot help but demonstrate that they care. At the same time, if helpers quit caring, they would hurt hope.

According to Lynch (1965), help and hope cannot be separated; you cannot speak of one without speaking of the other. Helping relationships are powerful vehicles of hope; "We can only speak of hope when the interaction exists between him who gives and him who receives, where there is that exchange which is the mark of all spiritual life" (Marcel, 1951, p.50). Cutcliffe (1995) also suggests that help and hope are interwoven concepts. When a person requires help, they acknowledge that they are unable to survive on their own; that their internal hope needs external support. In that way hope is always related to the idea of help. Helping relationships can provide an environment for this (Cutcliffe & Grant, 2001).

Beth, Don and Danielle's perception of caring as the critical component in helping relationships that foster hope has also been described in the literature (Cutcliffe, 1996; Herth, 1993; Jevne, 1993). It is difficult to genuinely help another if you do not care about them, and when you care, you want to help. Caring environments provide the nutrients for hope.

In Hillen's (1999) description of what is was like to be a classroom teacher he agreed that caring about students represents a large part of what it means to be a teacher:

> As I look back on my 33 years as a classroom teacher, it pleases me to be able to say, "I enjoyed my job. I enjoyed the challenge of facing the youth of the nation five days a week." I'm happy I remained, by chance to some extent, but by choice ultimately, a "classroom teacher" all my career. I suspect it made me a better person…..I am content thinking that some former students out there are living a little differently…a bit better…because we "lived and learned" together for a while. I enjoyed working with them. I enjoyed working individually with students: motivating a normally inert student, showing a sloppy student the advantages of order, encouraging an obsessive student to turn something in late. I took particular pleasure in marking extra stuff from keener students, or watching a student grow, become more knowledgeable, more aware of self and others, and more sensitive to his or her surroundings.
>
> My greatest happiness, as a teacher, came from meeting the challenge of a horrifically demanding job, and making it look easy. Being a teacher was like being a parent, multiplied by the number of students that I had.

Beth specified that being a caring, hope-inspiring teacher meant believing in the inherent goodness and uniqueness of each child. She was adamant that it is imperative for teachers to respect children and focus on each child feeling important and special. According to Beth, hopeful teachers make children feel unique and valued. Elbaz (1992) describes this attentiveness to difference as the moral voice in teaching. She explains that

at the root of being a teacher is the commitment to "look at the individual child in all his or her uniqueness" (p.427).

Don felt that coaches could have a positive impact on their athletes' hope by strengthening their confidence. He explained that coaches could accomplish this by demonstrating their belief in their athletes, which in turn could inspire athletes to believe in themselves. Coaches can show that they believe in their athletes by helping them to set realistic and attainable goals, and then participate in the achievement of these goals. According to Barker (2002) "the key ingredient to the ideal coach-athlete relationship is for the coach to always be looking for ways to strengthen the psyches of his athletes and to identify himself as a source of strength, care and calmness" (p.11).

A number of researchers have identified the powerful role that coaches can play in the development of athletes as people, "Coaching is the only job…in which we hand over our 18 year olds and expect them to be turned into not just better winners, but better people" (Barker, 2002, p.11). "It is absolutely essential that today's high school coach be just as concerned about the total person as they are the total player. If we don't, it could very well have life-long consequences" (Neely, 1992, p.7). Coaches spend an average of 20 hours per week with their athletes making, them one of the most viable adult role models in their lives (Grant & Darley, 1993). Because of the potential of the coach-athlete relationship "coaches have a rare opportunity to make a positive impact on the lives of students who may not have other positive role models" (Wishnietsky & Felder, 1989, p.79).

Danielle described feeling as though, when she is at work, she is swimming in her

patients' hope. To work with cancer patients means to be overwhelmed with hope. They interpret everything with respect to hope, and their hope is a hope for a positive outcome. Whether it be the number of health care workers who attend a consultation, the room that the patient is moved to, or whether or not a follow-up appointment is made, patients attach everything to their hope.

Danielle's hope is not connected to patient outcome, (although she would like for every patient to experience a good one); her hope is connected to their process. Danielle believes that her role is to make their journey with cancer the best that it can be and in doing so, she helps to sustain patients' hope. Research has shown that hope makes life bearable, even in times of serious illness. As long as hope exists, people can believe in miracles and they can believe that there is a purpose for their suffering. People can endure remarkable odds when they are embraced by hope (Benzein, 2001; Cutcliffe, 1996; Hall, 1989; Jevne, 1991; Lamm, 1995; Miller, 1985). "The experience of hope is somehow enabling. It helps us say, 'I can' maybe not today, maybe not perfectly, maybe not without fear, but 'I can'. I will at least try" (Jevne, 1991, p.146).

Whether it be making students feel valued, helping athletes gain confidence or creating the most positive cancer journey possible, all helpers agreed that hope was most strongly impacted through words.

The Language of Hope

Each helper was exceptionally clear that although there were various ways to touch someone's hope, the most direct form was through language. Sometimes it was body language or written language, but most frequently it was with the spoken word. The

medical literature is full of studies that have explored health-care workers' impact on patients' hope, research that has demonstrated the powerful impact that language has on hope (Benzein et al. 2001; Buehler, 1975; Cutcliffe, 1995, 1996; Cutcliffe & Grant, 2001; Hall, 1989; Herth, 1993; Hickey, 1986; Jevne, 1993; Koopmeiners et al. 1997; Miller, 1985; Perakyla, 1991; Stotland, 1969; Vaillot, 1970). How we speak to people, the tone of our voice, degree of eye contact and content of conversation all function to impact hope. Perakyla (1991) suggested that conversation is the most important variable when helpers are working with hope.

Beth believed that hopeful language is respectful, honest and genuine language. She stated that children know when someone is being phoney with them, which makes it important for teachers to always be genuine. When speaking with students, Beth explained that she frequently kneels or crouches over so that she can be at their eye level, uses words that they understand and asks permission for things like sitting beside them or checking their hair for lice. Beth explained that when teachers are intentional about their use of language they are aware of not only what they say, but also *how* what they say is received. Beth believes that it is important to think before you speak. When Beth thinks specifically about what she would say to help strengthen students' hope, she shares that she would tell them that she believes in them.

Koopmeiners et al. (1997) found that when health-care professionals communicated information in a sensitive, compassionate fashion with respect and honesty, patients' hope was strengthened. When they were disrespectful, cold and mean, and when they trivialized a patient's situation, they weakened hope. Sometimes, just

taking the time to talk with patients, remembering their names, smiling at them, or using simple, friendly gestures that communicated to a patient that they were there for them also increased patients' hope.

Don agreed that telling people that you believe in them is critical for building hope. With respect to his athletes Don explained that he also tells them that they are good, that they have the skill and ability to play at their level. When an athlete or a team is struggling with success, he described how he helps them focus on the present; to work hard today because success is just around the corner. He encourages them to keep trying, to keep working because they *are* getting better. Don explained that just as easily as a coach's words could help an athlete's hope, so too could they hurt it. By repeatedly telling athletes that they aren't good enough and will never amount to anything, an athlete's hope would crumble piece-by-piece.

Danielle believed that, in health care settings, hope is frequently tromped on by the thoughtless use of words. She described patients and their families as waiting for hope, sitting on the edge of their chairs as they hang on each word by the doctor searching for anything that could be hopeful. She explained that although patients search for hope, it is not always the inclusion of hopeful words that has the strongest impact on their hope, but the inclusion of hopeless words. If health care workers could leave out the hope-damaging words they would have a strong positive impact on patients' hope. Danielle shared Beth's belief that it is critical for helpers to become intentional about their use of language and how their language impacts people.

The fundamental problem embedded in the use of language has been recognized by Perakyla (1991) as helpers being unaware of the impact of their words on the people whom they are helping "persons producing talk may not always be aware of all the delicate implications of their speech acts" (Perakyla, 1991, p.431).

Danielle remembered a situation in which a patient's father reminded her of the power of words:

> We [Danielle's health-care team] interviewed a couple of families of babies with brain tumours and hope spontaneously crept into the interview, and one of the fathers sort of called us on this and said, "You know, you really don't do a whole lot to help our hope as a health-care team. You're not really in there saying, he's going to be okay." Well in this case we're not because we don't know that. We don't even really think it…but thinking back we must have been, collectively, must have been saying or doing things that impinged on their hope.

Cutcliffe (1995) has explored the need for helpers to be more self-aware with respect to how they influence hope. Because nurses bring their own personal agendas into nurse-patient relationships, he has argued that nurses should be aware of these agendas and their impact on patients. "The nurse's thoughts, feelings and beliefs have a major influence on the behaviours and attitudes she displays" (Cutcliffe, 1995, p.891). Without recognition of this and some reflection upon how this might affect patient care, nurses could easily damage and destroy hope without ever knowing it.

I recently attended a presentation by Dr. Ronna Jevne (University of Alberta, January, 2004). She stated that there are three things that are known about hope: 1)

without hope we die; 2) hope can be an intervention, counsellors can use hope as a specific intervention when working with clients; and 3) hope and helping are intimately intertwined. People who commit to helping professions must grasp the fact that they touch people's hope. She was intentional about explaining that before helpers focus on other people's hope, they need to pay attention to their own. A helper's level of hope is a critical variable in the helping process and as such, should be nurtured, attended to and strengthened.

Helpers' Recipes for Hope

Beth offered nine ideas for how she would help teachers to take care of their hope:

1) *Share stories and personal examples of hope with teachers*. Beth would share with teachers her own experiences of hope. From this she would hope that they could better understand and see hope in their own lives.

2) *Dialogue with teachers to find out their understanding of hope*. Beth would talk with teachers. She would encourage them to reflect upon and share their personal understanding of hope. Beth believes that dialogue is critical in any process of self-reflection.

3) *Keep a journal.* Accompanying dialogue is quiet self-reflection; Beth would encourage teachers to experiment with the process of journaling.

4) *Establish a sense of intrinsic motivation*. Beth believes in the importance of being intrinsically motivated to choose a profession. She feels that in order to enjoy a chosen career and to stick with it a person must feel personally

connected it, when this happens Beth feels that people are more able to access hope.

5) *Work in a supportive community of collegiality.* Do not work in isolation. Teaching can be a very isolating profession, especially for beginning teachers. Beth knows the risk that teachers run of becoming burned out and believes that feeling supported by colleagues is one of the vital strategies for protecting against burnout, which also protects hope.

6) *Have a hopeful mentor.* Sometimes hope is most visible in others. Observing hope, having someone to help nurture and mould hope can be critical in developing strong hope.

7) *Ask questions.* Do not be afraid to reach out. Do not be afraid to take risks.

8) *Take care of yourself!* Make sure that life outside of teaching is fulfilling, rewarding and replenishing.

9) *Be PASSIONATE about teaching.* Beth's fundamental belief about remaining connected to the teaching profession and taking care of hope is to use passion as a guide. The moment a teacher loses their passion is the moment they need to leave teaching.

Don had four suggestions for coaches to help them develop an enduring love for their career, which he felt would help their hope.

1) *Feel passionate about coaching; truly love being a coach.* The moment that your passion dies is the moment that you should stop being a coach.

2) *Never forget that becoming a good coach involves patience.* It is a learning

process. It takes hard work and will involve setbacks, but if you remain committed the work will pay off, "Success is just around the corner."

3) *Find a role model.* Find someone who can mentor you through the early years. Listen, observe, ask questions, take risks, but do so with a supportive role model who will help to guide you on your path.

4) *ALWAYS put the kids first.* It is because of them and for them that you coach. They are the #1 ingredient that fuels your passion; do not lose sight of this.

Danielle shared five beliefs that she feels are true for hope, and then gave some specific suggestions for how psychologists could nurture their own hope.

1) *Monitor your environment*: Hope grows in an environment that is safe, where people can learn to trust that their needs will be met. Safety and trust are the foundation of hope. Psychologists should work in a community of support, where they are able to make the time and space to dialogue with colleagues and share success stories.

2) *Connect with family.* Hope needs strong roots to ensure that it remains well grounded even through the fiercest of storms. Feeling connected to family, having a sense of history and personal identity helps to establish strong roots. Psychologists should develop balance between their professional and personal lives; it can be easy to become engulfed in work to the detriment of family life.

3) *Have a mentor.* Hope is experienced in relationships. Virgin hope can be helped through the stories and experiences of aged hope. Sharing hope stories, exploring personal understandings of hope all function to strengthen hope. Psychologists

should find hopeful mentors with whom they can explore their experience and understanding of hope. Being able to witness hope in action is another way for psychologists to strengthen their own personal hope.

4) *Attend to your spirituality*. Hope is stronger when it doesn't live in isolation. Having a sense of spirituality allows hope not to feel alone. "Spirituality is a safety net that holds you up no matter what. When all of your no matter what's have been used up, there's another one and that's spirituality."

5) *Be open to experiencing desperation*. Hope gets stronger with use. Although it relies on safe, trustworthy environments as a home-base, hope must encounter situations where it is truly needed in order for it to have the opportunity to thrive. Just like the heart is a muscle that gets stronger with exercise, so too is hope a muscle that gets stronger with use. Desperate times call for hope. In the desperation hope can grow. Psychologists should remember to remain open to hope. Being a helper can become overwhelming, it is during those times that psychologists need to look for hope.

Summary

Hope is a dynamic, multifaceted experience that cuts across feelings, thoughts and behaviours. It is intimately connected to a belief that the future holds something promising, although what that might be does not need to be visible or articulated. Hope is a belief in the possible, rather than a dependence on the probable. It can be sustained in the face of adversity and frequently uses adversity as a strengthening agent. Hope can function to make life meaningful, and similarly is stronger when life already is. Life was

experienced as meaningful when these helpers felt that they made positive differences in the lives of those whom they helped.

Hope means passion, and yet can be experienced equally in times of sadness and joy. Hope is frequently most strongly experienced in relationships. These relationships can be with family, friends, and colleagues, as well as, students, athletes, and clients. Hope can be experienced in relationships with animals and nature. These helpers vividly experienced hope in their relationships with God, and named this specific relationship and the foundation for their hope.

When relationships have a caring component, hope can flourish. These helpers saw evidence of this in their work. When students, athletes and clients felt cared about, these helpers felt that their hope was strengthened. Similarly, all helpers stated that the easiest way to hurt a student, athlete or client's hope was to quit caring, and demonstrate that you no longer cared.

Hopeful teachers, coaches and counsellors believe in their students, athletes and clients and communicate this belief to them. They demonstrate confidence in their students, athletes and clients, and by doing so help to develop and strengthen their self-esteem, which positively impacts their hope. The most successful tool for impacting a student, athlete, or client's hope was through the use of verbal language. All helpers agreed that it was with spoken words that they could most easily hurt or help hope. In recognition of this, they suggested that teachers, coaches and counsellors become more aware of how their words impact hope, and become intentional about using language that does not hurt hope.

Each of these helpers felt that hope played a role in their work. They felt that the work that they did as a teacher, coach and counsellor touched their hope on a personal level; they also felt that through teaching, coaching and counselling they were in a position to touch the hope of their students, athletes and clients. It was not a choice whether or not they would, or wanted to impact other's hope, it was a function of being a helper. Entering into teaching, coaching, and counselling relationships implies that you interact with hope. The question becomes, how do you want this interaction to proceed? As a teacher, coach, and counsellor how do you want to touch the hope of your students, athletes and clients? Suggestions are provided in Chapter 6, in the section that addresses implications, recommendations and considerations.

Hope is present in both the little and big things. It is there when a teacher notices that a student has written a perfect letter B, even when the word is spelled wrong. It is there when a coach helps a team win a big game, and supports them through a tough loss. It is there when a counsellor watches a child dance down the hall on her way to leg amputation surgery, and helps her plan the good-bye ceremony for her leg when she is in recovery. Hope is in a smile and remembering someone's name. It is present in all that we do, all that we say and all that we are. It is especially important when we are committed to being helpers, because when we help we *always* touch hope.

CHAPTER 6

Reflections

In this chapter I have presented my personal insights into hope, my reflections about the research process, and my implications, recommendations and considerations, specific to research and practice.

Insights into Hope

In reflecting upon this study and my purpose for exploring helpers' experiences of hope, I have asked myself "What do I want people to take away from this research? What are the really important insights that can be learned about hope?" Here are my answers to those questions.

Adversity strengthens hope.

Each of these helpers described experiencing adversity in their lives. They explained that having hope helped them to face and deal with adversity, but hope was also strengthened as a result of adversity. Getting through a difficult life experience and being "okay" after it, was a powerful agent for strengthening hope. Other studies have found a similar relationship between hope and adversity (Farran, et al., 1995; Herth, 1993; Miller, 1985). As hope is connected to the future, it is possible that hope is strengthened through adversity because people are better able to face the future when they are less afraid of it. Dealing with difficult life situations helps to build people's confidence that they *can* deal with them, which decreases any fear that they might have about what the future might bring. This increase in confidence about the ability to face the future strengthens hope, and the increase in confidence comes from dealing with adversity.

Hope is intimately connected to a relationship with God.

Embedded in these helpers' ability to deal with adversity, were the relationships that they had with God. Although previous research has indicated that relationships with God are not essential for the experience of hope (Benzein, 2001; Carson, 1990), each of these helpers described their relationship with God as being the foundation for their hope. Fundamentally, the confidence that they exhibited in relation to being able to face what the future might bring, was sustained by their belief that God was always with them. They felt that they could deal with anything, because they had God by their side. When these helpers were unable to make sense of life, or develop ways of coping with life, their "back-up plan" was to simply trust in God. They trusted that God could, and would, help them to make it through. They could handle not having the answers or not knowing what to do next, because they believed that God did.

Relationships with God function to strengthen hope in much the same way as does successfully dealing with adversity; they make the future less frightening. Having hope means having a willingness to enter into the future. When people feel that God enters into the future with them, they can move forward with more confidence and less fear.

Hope is lived in relationships.

Although these helpers described their relationships with God as being the primary relationship through which they experienced hope, they also identified relationships with family, friends, colleagues and pets as being influential in their hope. These relationships could function to either strengthen or weaken hope, depending on how they were experienced. When these relationships were experienced as having a

caring component, where they either felt cared about or they did the caring, hope was nurtured and strengthened. Previous research, that has explored the relationship between hope and helping relationships, has also found the caring component to be influential in the interaction between hope and helping (Cutcliffe, 1996; Herth, 1993; Jevne, 1993).

Hope is embedded in trust. When a person is able to trust another, hope can grow. When a person is in a trusting relationship, hope is vulnerable, because if someone were to abuse that trust, hope would be hurt. Caring relationships imply a degree of trust. When people allow themselves to be cared for, or about, they put trust into the other, thereby making their hope available to that other person. As well, when people are doing the caring for, or of, they make their hope vulnerable. To a certain degree, they trust that whomever they are caring for will not abuse their care. Relationships that include a caring component require trust. When that trust is respected and reciprocated, hope grows. When that trust is abused, hope withers.

Hope plays a role in helping relationships.

Helping relationships imply a degree of caring and trust, and therefore influence hope. These helpers believed that they were in positions to influence their students', athletes', and clients' hope, but they also explained that those whom they helped were in positions to influence their hope. When, as result of the work that they do, these helpers felt that they made positive differences in the lives of their students, athletes, and clients their lives felt more meaningful. Previous research has identified the powerful influence that making a positive difference in people's lives can have on helpers (Johnson, 2001; McNay, 2001; Sexton, 1999). Hope both gives meaning to life and is fuelled by having

meaning in life. Making positive differences in the lives of others made helpers' lives more meaningful, which strengthened their hope.

Spoken words are a direct path to hope.

Helpers identified many ways for positively influencing students', athletes', and clients' hope; these included: 1) believing in them, 2) demonstrating confidence in them, 3) supporting them through adversity, 4) helping them to set and reach goals, and 5) demonstrating that they are cared about. The primary way that helpers could accomplish the goal of positively influencing others' hope is through their use of verbal language. Spoken words are powerful. They can either destroy or build hope. If the choice were between excluding hope damaging words and including hope strengthening words, helpers should choose the first. Leaving out words that damage hope is very influential in supporting hope. Of course, doing both, leaving out the hope damaging words and adding in the hope strengthening words, would be the best choice. Many studies have explored the influence that language has on hope (Benzein et al. 2001; Buehler, 1975; Cutcliffe, 1995, 1996; Cutcliffe & Grant, 2001; Hall, 1989; Herth, 1993; Hickey, 1986; Jevne, 1993; Koopmeiners et al. 1997; Miller, 1985; Perakyla, 1991; Stotland, 1969; Vaillot, 1970). The findings from these studies have indicated that the way in which language is used, can either damage or support hope.

The insights that this study has provided, which I feel are most important for readers to come away with, are: 1) hope is strengthened through adversity; 2) hope is intimately linked to a relationship with God; 3) hope is lived in relationships; 4) hope is embedded in being a helper; and 5) spoken words are a direct path to hope. It is important

to remember that these findings are based the experiences of three helpers, all of whom come with their own personal life experiences and belief systems. It is left to the reader to determine if the findings from this study, fit with their experience and understanding of hope.

The next section explores my reflections on the research process, as well as, implications, recommendations, and considerations for both research and practice.

Reflections on the Research Process

My journey of researching and writing this dissertation has had many unexpected turns and bumpy patches peppered with periods of flat even ground. My supervisor, Ronna, has helped me to envision it as a labyrinth; you think that you know the direction you are supposed to take to reach your destination only to find yourself bumping into unexpected disruptions, unplanned changes and unintentional insights, which lead you down new and different paths than where you thought you were supposed to be. I frequently experienced these unexpected happenings as upsetting, anxiety-producing problems, only to learn that in their essence, they were teachable moments.

As I near the end of the journey (or at least I think that this is the end) I realise the enormity of the learning that I have experienced. The *process* of researching and writing a qualitative study has been the tool factor from which I feel my learning benefited the most. My personal hope shifted throughout this process. It started high, with a virgin, naïve belief in my ability to create an excellent piece of work. It was challenged when I realised what it truly meant to transcribe numerous interviews, when I was mentored to write, re-write and re-write again various chapters, and when I realised (on numerous

occasions) that I needed yet another article or book for review. My hope wavered when I struggled with capturing what the participants shared, connecting their individual voices and authentically describing their experiences.

I realise that throughout this journey, my hope has experienced a parallel process to what my participants described when they faced difficult life experiences. Although I never doubted that I could finish, I often wondered how I would. The challenge of facing the adversity and moving through the difficult times helped my once naïve, virgin hope become a more mature, experienced hope with roots that go a little deeper, expand a little wider and feel a little sturdier.

Implications, Recommendations and Considerations

Research.

This study supports the belief that whenever one person helps another, hope is involved. It has expanded on previous literature to include helping professions outside of the medical field and in doing so has opened the door for other helping professions to be explored with respect to how hope is experienced.

A follow-up to this study would be to explore how students, athletes and clients experience hope in the contexts of school, sport and counselling. It would be important to learn if they see their teachers, coaches and counsellors as playing active roles in the development and/or maintenance of their hope. In this study helpers perceived verbal language to be the main avenue through which to communicate hope. It would be important to learn if the people whom we help also perceive language to be essential in

communicating hope and if there is agreement on the nature and type of language that is hope fostering, as well as hope damaging.

This study also identified that helpers' personal hope was an important variable in their ability to nurture hope in others. Research that focuses on how helpers can nurture and strengthen their own hope, within the context of helping professions would be important.

The participants in this study all described having strong religious faith commitments and relationships with God, which impacted their experience and understanding of hope. It would be interesting to explore how teachers, coaches and counsellors who do not have specific religious beliefs or relationships with God might experience hope in the context of their work.

Another point of interest comes from the fact that as I progressed from interviewing the teacher, to the coach, to the counsellor my skills as an interviewer and case study researcher changed, which could have had an impact on how my participants told their stories. In addition to my skills changing, my wealth of knowledge and experience also grew with each new interview. It is important to take into consideration how this change in the researcher might have impacted the findings.

I think that I became a better listener. I think that I became better at eliciting stories and helping my participants to provide thick descriptions of their experiences. I think I developed heightened self-awareness of recognising when my personal beliefs and biases might have entered into the interviews, and that I was able to address this process in ways that made their impact visible. I either openly stated that these were my beliefs,

and then my participant(s) and I entered into a discussion about how our beliefs were either similar or not; or I made written notes that acknowledged this process for reflection at a later time.

I became more comfortable with the interview process as I progressed through the study. I was nervous before my first interview, and became more comfortable with each new interviewing experience. Transcribing the interviews was a rich learning experience for me. Hearing the way in which I asked the questions and how my participant(s) answered gave me ideas about how to better conduct the subsequent interviews. I feel that my skills as an interviewer and case study researcher continue to develop and emerge, and am hopeful that with continued experience they will only strengthen.

Practice.

This study highlighted the important role that hope plays in helping relationships. With respect to being a helper, it indicated that personal levels of hope are important and that helpers should be encouraged to focus on their personal hope and learn how to nurture and strengthen it. If personal levels of hope are critical variables in being a helping professional then professional training programs should commit to teaching helpers about hope, and helping them take care of their hope. This study indicated that self-awareness of personal hope could be facilitated through dialogue, journal writing, and mentorship with someone who can model hope.

This study highlighted the important role that language plays in the development and maintenance of hope, and the powerful role that it can play in the destruction of hope.

Helpers should increase awareness regarding how their language impacts others and should become intentional about leaving out the hope damaging words.

This study explored the idea that the establishment of caring relationships is a critical component in being a successful helper. It indicated that caring relationships are the foundation for helping relationships and as such, deserve a helper's attention first. This means that before a teacher works on arithmetic, a coach teaches shooting form, or a counsellor starts to problem solve, they should focus their attention on making sure that their students, athletes and clients feel cared about.

The easiest way to communicate care is with the words that are spoken. Teachers, coaches, and counsellors should *tell* students, athletes, and clients that they care about them. They should *tell* them that they belief in them. Teachers, coaches, and counsellors should help students, athletes, and clients to develop, and achieve meaningful goals. They should support them in their dreams. Being committed to doing the small things, such as remembering their names and using them, remembering important events in theirs lives and talking about these events with them, and verbally recognising their inherent uniqueness and special qualities, will strengthen, nurture, and support their hope.

This study suggested that the environments within which helpers work, could influence their personal levels of hope. If helpers are to develop strong personal hope, they should work in environments that support mentorship and collegiality. They should work in a supportive community of helpers, where they can share successes and reflect upon failures. The working environments should be ones that encourage personal reflection, where colleagues feel cared about and valued. Before a helper can properly

address the hope of others, they need to have a strong basis of hope in themselves. The work environment can play a role in helpers' personal experiences of hope.

If there were one thing that I would hope helpers would learn from this study it would be that inherent in being a helper is the fact that we touch others' hope, but prior to being able to do that with gentle hands and an open heart we must first learn about our own hope. "You can't give what you haven't got" (R. Jevne, personal communication, January 29, 2004). Until helpers take the time to discover, nurture and strengthen their own hope, they will have difficulty in helping others with theirs.

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Appendix A

Participant Information Sheet

Research Study Title:

Case Studies in Hope and Helping Relationships:
What is the Helper's Experience of Hope in Teaching, Coaching and Counselling?

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Nature and Purpose of the Research

The purpose of this research study is to advance our understanding of the experience of hope in helping relationships. The focus will be on the *helper's* experience of hope. What is their understanding of hope in the context of their role as helper? How is their hope touched, changed, affected, through their work as a helper? What role do they feel hope plays in their work as a helper?

The existing research on the experience of hope tells us that hope is lived in human relationships. It can be strengthened or weakened through relationships with others. The vast majority of the hope research focuses on helping relationships within the health care profession. As a result of this research we have learned that doctors and nurses can influence the hope of their patients, and in doing so they affect their health and well-being. As well, patients can influence the hope of their care-givers.

This research study will focus on the helping relationships fostered in teaching, coaching and counselling. Teachers, coaches and counsellors have been chosen as the focus of this study for three reasons. First, a large percentage of the population help in these types of ways. Second, most people come into contact with these types of helpers. Third, the literature on hope and helping relationships tends to focus only on helping relationships in the health care profession (eg. doctors and nurses). We know very little about the experience of hope in helping relationships that are outside of the health care profession.

We know that *many* people choose to spend their life helping others through teaching, coaching and counselling. We know that *many* people are touched and affected by teachers, coaches and counsellors. We know that hope is lived in human relationships and is especially evident in helping types of relationships. What we do not know is the

specific way in which hope is lived and experienced by teachers, coaches and counsellors. This research study is trying to pull together what we already know about hope and helping, and focus specifically on the experience of hope in teaching, coaching and counselling. Hopefully this research will expand our present understanding of hope and shed new light on the role that it plays for teachers, coaches and counsellors.

Participant Requirements

If you choose to be a participant of this research study the following is what will be expected of you.

1. As a participant you will need to have extensive experience as a teacher, coach or counsellor (5 years +). It is important that you have not, *professionally*, worked as more than one of these types of helpers (e.g. you are not a teacher and a community league coach). It is also important that you feel passionately about the work that you do as a helper and are willing to share this passion throughout the course of the research project.
2. As a participant you will need to be able to provide rich, thick descriptions of your thoughts and experience(s) in both written and verbal form.
3. As a participant you will keep a journal for six weeks (provided by myself), where you will record specific incidents/experiences that are related to your hope. You will only be asked to record one incident per week, however, if you would like to write more that is also welcome. More information regarding what to write is this journal will be provided if you choose to participate in this study.
4. As a participant you need to be available for two 1/2-1 hour meetings (one at the beginning of the project and one after two weeks of keeping the journal), and one 2-3 hour interview (at the end of the six weeks). You will also be asked to be available to review the research findings and provide feedback, to ensure that my interpretations are true to your experience.
5. As a participant I will observe you for approximately one hour per week, for the six weeks that you are keeping your journal, while you are working as a helper. Together, we will arrange times that are most convenient for you and most appropriate given the type of work that you do. These observations are used to ensure that I develop an accurate picture and understanding of how you engage in your role as a helper. *If necessary*, you will be asked to obtain informed consent from your students, athletes and/or clients to have me observe you while you work.
6. As a participant you will be asked to read and sign an informed consent form, which will state that you understand the nature and purpose of the research, you understand your role and what is required of you as a participant and you voluntarily agree to act as a research participant.

During the first 1/2-1 hour meeting I will explain the nature and purpose of the research, going into full detail what will be expected of you as a participant. If you meet the requirements for participation and choose to participate, you will then be asked to

read and sign the informed consent form. Following this, you will be given your journal and instructions for how to record your specific experiences of hope. We will also arrange times for me to come and observe you while you work. After two weeks we will arrange another meeting to review your journal to ensure that the richest possible data is being recorded, and answer any questions that you might have. After the six weeks of journaling and observation, I will collect the journal and review it. Finally, we will arrange for the 2-3 hour interview during which I will ask you about your experience and your understanding of hope with respect to your work as a helper. As well, we will go over your journal to ensure that I have an accurate understanding of what you have recorded. This final interview will be audiotape recorded.

Throughout the process of compiling, synthesizing and understanding the information collected from the journal, observations and interview, I will ask that you periodically review the findings to ensure that my interpretations are true to your experience. The tapes, verbatim transcripts and journal will be kept in a confidential, locked filing cabinet and destroyed in one year's time. Strict procedures will be undertaken to ensure your confidentiality. The nature of the research requires that contextual information be used (e.g. size of school, type of community, population that you work with, amount of experience that you have as a helper etc.) however specific identifying information (e.g. your name, the name of your place of employment etc.) will be kept confidential. Fictitious names which you may choose or which I will assign will be used. You will have the opportunity to review the final product and provide your feedback with respect to identifying information.

Participation in this research study is purely voluntary. At any point during the study you may choose to stop participating and all information collected up to that point will be destroyed, with no adverse consequences. There are no known harms or benefits for participating in this study, however it is expected that you may find it helpful to explore your understanding and experience of hope. There is no financial gain for participating in this study.

If you are interested in participating in this study, please contact **Jackie Frost at 451-9002**. Thank you.

Appendix B
Written Informed Consent Form

Research Study Title:
Case Studies in Hope and Helping Relationships:
What is the Helper's Experience of Hope in Teaching, Coaching and Counselling?

Principal Investigator:
Jackie Frost,
Graduate Student,
Department of Educational Psychology,
University of Alberta,
Telephone (hm): 451-0992

Supervisor:
Dr. Ronna Jevne,
Professor,
Department of Educational Psychology,
University of Alberta,
Telephone (wk): 492-5245

Research Purpose:
The purpose of this research project it to investigate the *helper's* experience of hope in teaching, coaching and counselling.

I _____ have read the attached Participant Information Sheet and
(please print your name)
voluntarily agree to act as a participant in the research study titled, Case Studies in Hope and Helping Relationships: What is the Helper's Experience of Hope in Teaching, Coaching and Counselling, conducted by doctoral student Jackie Frost and supervised by Dr. Ronna Jevne.

As a participant in this research study I agree to explore my experience and understanding of hope with respect to my role as a helper. I agree to do so in the following ways:

i) I agree to keep a journal for six weeks within which I will record specific incidents that are related to my hope. I understand that I am required to record at least one incident per week but that I may record more if I so choose. I agree to have the principle investigator (Jackie Frost) review this journal two weeks into the study and provide me with feedback, and keep this journal at the end of the study for research purposes.

ii) I agree to allow the principle investigator (Jackie Frost) to observe me while I am working as a helper, for one hour per week for the six weeks that I am keeping my journal. If necessary, I agree to obtain informed consent from my students, athletes or clients to have Jackie Frost observe me while I work with them.

iii) I agree to be available for two 1/2-1 hour meetings, one at the beginning of the study and a second two weeks into it. I understand that the purpose of the first meeting is for the

principle investigator (Jackie Frost) to explain to me the nature and purpose of the study and my role in the study. I understand that during this meeting I will have the opportunity to ask questions and raise concerns. I understand that during this meeting I will be given a journal and directions for how to record my specific incidents related to my hope. I understand that in the second meeting the principle investigator (Jackie Frost) will review my journal and give me feedback, to ensure that I am recording my hopeful moments in the richest possible fashion.

iv) I agree to be available for a 2-3 hour interview with the principle investigator (Jackie Frost) at the end of the six weeks of journaling. During this interview I understand that I will be asked to reflect upon my experience as a helper, and to discuss my understanding of hope with respect to my work as a helper. I understand that this interview will be audiotape recorded and later transcribed verbatim by the principle investigator (Jackie Frost).

v) I agree to be available to review the research findings and provide my comments and feedback to ensure that the interpretations are true to my experience.

I understand that my participation in this research study is 100% voluntary, and that I may choose to opt out of the study at any point in time with no adverse consequences.

I understand that there are no known harms or benefits to participating in this research study but that it is expected that I may find it helpful to explore my understanding and experience of hope.

I understand that my journal, the audio-tape recording of the interview and the verbatim transcript will all be kept in a confidential, locked filing cabinet and destroyed in one year's time.

I understand that strict measures will be undertaken to ensure my confidentiality but that the inclusion of some contextual information (e.g. the population of people that I work with, the environment that I work in etc...) is necessary for this type of research.

I understand that there is no financial gain for participating in this research study.

After reading the Participant Information Sheet and the Informed Consent Form I _____ agree to act as a participant in the research study titled: Case
(please print your name)
Studies in Hope and Helping Relationships: The Helper's Experience of Hope in Teaching, Coaching and Counselling.

_____ _____
(participant's signature) (principle investigator's name)

_____
(principle investigator's signature)

_____
(date)

_____
(date)

Appendix C

Instructions for Journaling

1) Please write at least one anecdote each week…more would be wonderful but one is sufficient. You should write about something related to your work as a helper that stood out for you and is related to your experience of hope. For example, *a student of mine had asked for an extension on a major assignment because he needed to take some time while his mother died. He was her primary care-giver and the doctors had told him that she only had a few days to live. This memory sticks out for me. I will always remember the love he had for his mother. I will always remember how important it was for him to be able to be there for her. This interaction with him strengthened my hope because it reminded me how important relationships are in life. It reminded me to spend time with, and pay attention to the important people in my life. It helped to keep my priorities in place.* This is how this particular experience was related to my hope. I could go into more detail but hopefully you get the idea.
2) Each entry should be written with as much description and detail as possible. For example, if you are writing about a particular student/athlete/client give me enough information about them so that I can visualize them in my mind while I am reading about them…try to bring them to life through your writing. With respect to the above example, I would want you to add detail about the student: what is he like, how do you experience him, what do you remember about the conversation, how were you feeling, what were you thinking…enough information that the description would be so clear I could almost have been there.
3) Make sure to relate your anecdotes to your experience/understanding of hope. For example, if I were to write… *teaching was really stressful for me today. The students were rowdy and disrespectful; I had a run-in with a parent and a throbbing headache that lasted from morning until the bell rang in the afternoon.* Now I would also need you to add a section that connected how this day related to your experience of hope. Maybe days like the one described weaken your hope; maybe they force you to do some kind of self-care, which nurtures your hope. I do not know. Whatever connection you make between your experiences and hope is what I am interested in learning about.
4) Basically, the journaling process is a way to encourage you to begin to think about your days and your work as a helper in the context of your experience and understanding of hope. Anything you can share will be helpful for me and for this research project. The more detail the better. After two weeks I will collect your journal, review it and provide you with some feedback. If at any time during the process you have questions, please do not hesitate to call me (hm. 451-0992).

Thank-you,

Jackie

Appendix D
Sample Interview Questions

TEACHING/COACHING/COUNSELLING

1) Tell me the story of how you came to be a _____.

2) Tell me about the role that _____ plays in your life.

3) What does being a _____ add to, or give to your life…what do you, personally, get from being a _____? What does being a _____ take away from your life?

4) Talk a little bit about the relationship that you have with your _____; with the other _____.

5) What is the greatest thing about being a _____? What is the worst?

6) Tell me about one of your greatest memories from being a _____.

7) What is it about _____ that keeps bringing you back for more…what motivates you to keep doing it?

HOPE

1) Talk to me about your understanding of the word "Hope".

2) Finish the sentence… "Hope is…." As many times as you like.

3) If you were to hang a picture of hope in your home what would the picture be of? What would the frame look like? Where would you hang it?

4) If you were to describe what hope is to people from another planet where Hope does not exist, what would you say?

5) Would you say that you look at the world through "Hopeful eyes"? Can you talk about that a little bit?

6) What, in your life, strengthens your hope? What are things that help you to feel more hopeful? What weakens it? What are things that help you to feel less hopeful?

7) What is the difference between days when you are hopeful and those when you are not? What difference would people see in you?

8) If I wanted to really give your hope a boost, what would I have to do? If I wanted to really hurt it, what would I have to do?

9) Can you ever remember a time in your life when your hope was really low, when you felt particularly hopeless? What was going on for you then? How did things change?

For questions 10-15 insert teaching, coaching or counselling depending on the participant.

10) What role does hope play in your work as a _____?

11) Do you feel that as a _____ you have the ability to affect your _____ hope? How?

12) If you wanted to strengthen your _____ hope, what would you do?

13) If you wanted to weaken it, what would you do?

14) What effect do your _____ have on your hope?

15) How would you teach _____-in-training to nurture and sustain their hope throughout their career as a _____?